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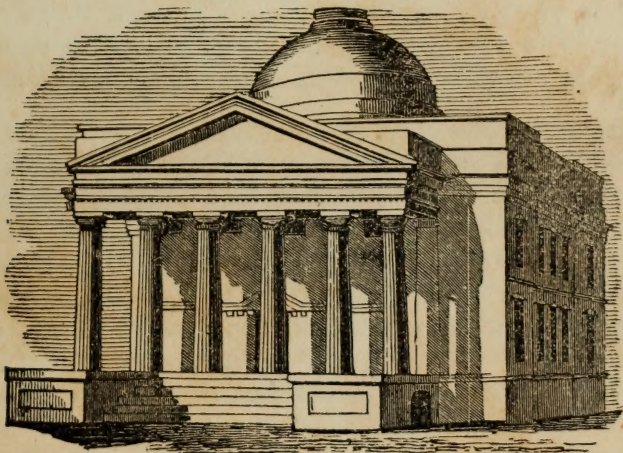


*Lucas*  
SOUTHERN *Exposition*

# MEDICAL AND SURGICAL JOURNAL.

EDITED BY

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*"Je prends le bien où je le trouve."*

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# SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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## PART FIRST.

### Original Communications.

#### ARTICLE I.

*Experimental Researches on the febrifuge properties of the Extract of Dogwood Bark; Cornine obtained—with Cases.*  
By D. C. O'KEEFFE, Student of Medicine, Augusta, Ga.

Deeming it proper to premise the circumstances eliciting this article, we take pleasure in stating that Dr. Oakman, of Columbia county, Ga., presented Prof. Paul F. Eve with a specimen of the Ext. of *Cornus Florida*, prepared by himself. With the view of having its remedial virtues tested, Prof. Eve thought fit to transfer it to my preceptors, Drs. H. F. and R. Campbell, by whom I have been kindly permitted to appropriate it as the subject of my inaugural Thesis.

It was not until the commencement of the present century, that this article attracted the attention of the profession at large; previous to this time, it had not been much used by regular practitioners, though a popular remedy in domestic practice, and more particularly, among some Southern tribes of Indians. To Dr. J. M. Walker, of Virginia, has been justly awarded the merit of being the first to institute chemical investigations on the constituent principles of the bark, and of promulgating to the profession the discoveries he had made.\* By more recent writers on the subject, however, these are pronounced to have been "very imperfect."†

Some time subsequent to this, it was analyzed by Mr. J. Cockburn, (*Am. Journ. Pharm.*, vol. 1, p. 114,) who found it to

\* Inaug. diss., Phil. 1797.

† Griffith's Medical Botany.

contain other principles in addition to those discovered by Dr. Walker. During the interim of these examinations, the announcement by Mr. G. W. Carpenter (of Philadelphia) of a proximate alkaline principle, to which the name *Cornine* was given, tended to stimulate the inquiries of other analysis; but the results obtained by these were unfortunately contradictory of Mr. C.'s assertions.

Since then, little, if any, has been advanced on the subject, owing doubtless to an over-zeal on the part of its advocates in attributing to it remedial properties which an enlightened experience could not sanction. At a time when the labours of the profession were engrossed with investigating the essential principles of the Cinchona bark, to have discovered among our native productions a succedaneum for the expensive exotics would have been a great desideratum. To accomplish this, much has been extravagantly said, but has detracted in the same ratio from the intrinsic merits of the bark. Our predecessors appear to have contented themselves with the effort to establish a complete identity between the constituent principles of the Dogwood and Peruvian barks, the efficient virtues of the former receiving little or no attention. The essential identity of these barks can subserve no practical purpose; for the assumption of the non-existence in the former, of any principle analogous to the latter, does not, in the least, invalidate its claims to anti-periodic powers. In a practical point of view, it matters not whether their *modus operandi* on the animal economy be identical; the same end is accomplished by both, though it may be in a totally different manner. Each may exert a peculiar influence over disease—an influence *sui generis*; but from this the conclusion is by no means warranted that their proximate principles are analogous, or that their power of controlling disease is the same. This peculiar anti-periodic virtue the Cinchona bark possesses in an eminent degree: no fact in medicine is better established. In relation to the Dogwood bark, we are not prepared to make this broad assertion; our remarks shall only have reference to one variety of paroxysmal disease, viz: Intermittent and Remittent fever.

For its efficacy in the other varieties of paroxysmal disease we cannot vouch; such, indeed, would be premature and un-



founded speculation. The enthusiastic theorist may conjure up inviting schemes of doctrine, indulge in elaborate and ingenious hypotheses—reveling in the creations of his fancy; but with the profession at the present day, *facts*, not speculation, constitute the basis of investigation.

The exhibition of the Dogwood bark, by infusion and powder, in the treatment of intermittent fever, presents no novelty; the untutored Indian, as well as the educated physician, availed himself of its virtues in this particular application. To the article under these forms our remarks shall not refer, save to animadvert upon the sensible effects set forth by all authors as invariably resulting from its administration.

The Extract is the preparation to which we would emphatically direct the attention of the profession. Of this, nothing has been said by systematic writers on the *Materia Medica*, nor do the leading periodicals of medical literature add any thing to our information on the subject; therefore, the conclusions reasonably deduced are—that it has never been used in any form of disease; that its employment in the treatment of intermittent and remittent fever is decidedly unprecedented; and that its success in these affections is worthy of consideration only on the strength of the cases hereinafter adduced, and the rigid minuteness observed in recording the symptoms presented in each particular case.

On reviewing the opinions of the profession concerning this article, it strikes us that too many uncalled-for restrictions have swayed the minds of practitioners in its administration. It is true, that the standard American works on the *Materia Medica* abound with eulogies on its remedial properties, but these are nullified by allegations of its tendency to “irritate the stomach and bowels; produce diarrhœa, griping pains, &c.” Now this fact of itself, is sufficient to account for the utter oblivion to which it has been consigned; and it affords a striking evidence of the evils of that pathology which regards the gastro-intestinal canal as the *fons et origo* of all febrile derangements.

With such an incompatibility staring him in the face—an irritant to a diseased gastro-intestinal surface—what practitioner would venture the use of the *Cornus Florida* in a case of intermittent or remittent fever? Of a tendency to disorder



the stomach and bowels, we have not seen a solitary well-marked instance, though we have exhibited it in unusually large doses, and under all circumstances which would contra-indicate the use of a remedy possessing such properties.

Let it suffice here, merely to have expressed these convictions, leaving the considerations by which they are substantiated to be adduced, when commenting upon special cases hereinafter cited.

It is curious to reflect, why an indigenous plant of such important medical properties should have fallen into disrepute in the very infancy of its career. The reason of this, however, is sufficiently obvious. It will be borne in mind, that the investigations alluded to in the commencement of this article were all instituted in a region, where, from the nature of the climate, malarial fevers received but little or no attention, and at a time, too, when an interpretation of its *modus operandi* was biassed by the prevailing doctrine as to the pathology of fever. Why it is that minute practical observation has not subverted these unfounded theoretical assertions—or why the master-spirits of the profession have been governed by the *ipse dixit* of others, in relation to the effects and mode of operation of this remedy, are problems which will devolve upon the Southern practitioner for solution. Had the various forms of periodical fever composed so large a share of the Northern physician's practice, the far-off Quito alone yielding him the sheet-anchor of his hopes, as it is with Southern practitioners, the opinion is unhesitatingly expressed that the Dogwood bark, and its preparations, would have been among our most popular remedies.

In view, therefore, of these considerations, and the absolute impossibility of having the curative virtues of any anti-periodic sufficiently tested in the region alluded to, we naturally refer to the records of Medicine in the South, and even here, we find our anticipations disappointed.

Bearing in mind that periodical fever is the endemic disease of the Southern climate, and the high amount of expenditure incurred by the unlimited use of Quinine—if the success of the treatment here pursued has been truly represented, then the importance of substituting an indigenous agent would be fully appreciated, and its universal adoption confer incalculable benefits.

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To the physician of the Southern States, then, whose great duty is the management of paroxysmal fevers, an effort to establish an indigenous anti-periodic may not be unacceptable. Without devoting further time to preliminaries, already extended too far, it is proposed to pass to a brief description of the tree.

CORNUS FLORIDA. *Common Names*—DOGWOOD; BOXTREE; GREAT FLOWERED CORNEL, &c.

A minute botanical history of this well-known tree is rendered unnecessary by the abundance of its growth, and the facility of its recognition by every observer. It is, therefore, deemed prudent to sum up, with as much brevity as practicable, the outlines of its botanical characters; the physical properties of the bark, its chemical composition and therapeutical employment. This beautiful and useful tree is found in almost every part of the United States, especially, in swampy and moist woods, varying in height from fifteen to thirty-five feet, six to thirty-six inches in circumference, with a rough, dark-brown bark, much fissured. Latitude modifies its growth, being a much larger tree in the Southern states. It flowers from February to June, according to climate, but always with so much regularity that some of our Southern tribes were accustomed to name the spring from its flowering. From the presence of gallic acid in it, a good writing ink may be made from it.\* In the New England states, it is well known by the name of Boxwood.

The officinal portion is the bark of the root, stem and branches; the bark of the root is *said* to be preferable. In our preparations, the bark of the stem has been exclusively employed, and has afforded results so conclusive and satisfactory, as to inspire us with the fullest confidence of its applicability under all circumstances. However, it is not intended to question the accuracy of the assertion, but if time should verify its claims to superiority, it will but furnish another argument in support of its remedial virtues. The bark, as found in the shops, is in pieces several inches long, half an inch or more broad, and two or three lines thick; it is, generally, more or less rolled, sometimes with a fawn-coloured epidermis, and sometimes deprived of it; of a reddish-gray colour, affording, when pulverized, a

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\* Griffith, *Op. cit.*

grayish powder tinged with red. The bark of the root is destitute of epidermis. The odour is slight, and the taste very much like the Cinchona; it is bitter, and astringent, with a little aroma. Its astringency is, however, stronger than that of the Peruvian bark. It appears to be more particularly related to the cinchona oblongifolia.

*Chemical Composition.* Gum, resin, tannin, and gallic acid, were the result of Dr. Walker's analysis. To these have since been added by Mr. Cockburn, oil, fatty matter, a crystalline substance, bitter extractive, wax, and colouring matter, lignin and potassa, iron, lime and magnesia.\* His experiments go to prove that the extractive matter alone contains the bitter principle, from which the crystalline substance is obtained.

As to the propriety of admitting the existence of this alkaloid substance announced by Mr. Carpenter, the weight of authority seems to preponderate against it. And Mr. C. has certainly forfeited his claims to originality, (admitting its discovery,) by withholding from the profession the process by which it was obtained. Although the existence of this bitter principle has long been regarded a mooted point, nay, as one unworthy the attention of modern analysts, nevertheless, advocates are not wanting who assure us, that they have used the Sulphate of *Cornine* with as much, if not more, success, than the Sulphate of Quinine in intermittent fevers.

The gratification of a scientific curiosity would suggest an inquiry into the source of such contrariety of opinion, resulting from the labours of analysts; and a satisfactory explication is revealed in the fact, that the investigations have been conducted under incorrect principles. That *Cornine* constitutes an ingredient of the Dogwood bark, and may be obtained therefrom, it is our design to demonstrate; but that it possesses alkaline properties, and combines with acids, are fallacious inferences that have too long frustrated the sanguine anticipations of the solicitous experimenter.

It is due the kindness of Dr. Robert Campbell, to mention his valuable services in determining upon, and conducting the following process for obtaining the *Cornine*:

Pulverize two lbs. of the well-dried bark of the root; separ-

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\* Am. Journ. Pharm., vol. ii., p. 114.



ate its tannin with sulphuric æther, and filter. Macerate the separated bark in alcohol for two days, to extract its resin and cornine. Pour off the alcohol, and precipitate the resin with water. Filter off the resin, and precipitate the *cornine* from the liquor with a solution of sub-acetate of lead. Separate the sub-acetate of lead from the solution by passing a current of sulphuretted-hydrogen gas through it. Filter, and evaporate the fluid down to the *Cornine*.

This substance is possessed of decided acid properties, having a well-marked acid reaction; it is of a dark straw colour, very bitter and astringent.

In support of our views, we can only bring forward the authority of a celebrated chemist of Heidelberg, (Prof. Geiger,) whose remarks we insert in full.

“*Cornine*.—Mr. Carpenter declares this bitter substance obtained from the bark of the root of *Cornus florida*, to be a base.

“Prof. Geiger subsequently discovered acidous properties in this bitter substance. It is soluble in water and alcohol, and combines with the oxides of lead and silver. This bark contains a crystallizable resin.”\*

In continuing to designate this principle under the original name, an erroneous signification of its properties is implied, from an analogy between the term *cornine*, and those of other alkaline bases,—e. g. morphine. But, whereas, Prof. Geiger, to whom originality had given a prior right, has not deemed it necessary to substitute a change, we have described it under the same appellation.

*Medical properties and uses.* This bark is tonic, astringent, and somewhat stimulant in its action, and from the concurrent testimony of numerous practitioners, who have given it an extensive trial, is the best native substitute for the cinchona, and in some cases has been found successful, where this substance proved ineffectual in preventing the return of paroxysmal fevers.

By country practitioners it has been extensively employed

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\* “*Cornin*—In der als Fiebermittel empfohlene Wurzelrinde von *Cornus florida* glaubte Carpenter eine Pflanzenbase aufgefunden zu haben.

“Geiger fand später, dass sie neben einem kristallisirbaren Harze einen Bitterstoff enthalte, von sauren Eigenschaften, in Wasser und Alkohol löslich, mit Bleiessig und Salpetersauren Silberoxide Niederschläge bildend.”—(*Hand-Book of Pharmacy*, by GEIGER, 5th Edition, p. 1105.

in intermittents, and the report they give is quite satisfactory. Prof. Barton, and Dr. Gregg, of Bristol, add their decided testimony relative to its efficacy in the cure of intermittent fever. The latter writer states, that he has exhibited it for nearly twenty-three years, during which time he invariably found it sufficient to arrest intermittent fever, and uniformly beneficial as a tonic in cases of debility. It has also been employed with apparent benefit in typhoid fevers, and other complaints for which the Peruvian tonic has been found beneficial.

A decoction of it has been found successful in the "yellow water," of horses, so fatal some years ago. An agreeable bitter is made by infusing the ripe fruit or berries in spirits. The Indians employed an infusion of the flowers in intermittents; and the same has been recommended in flatulent colic. It is sometimes combined with the barks of the *Liriodendron* and *Serpentaria*, either in decoction or in solution.

Such were the opinions of the profession with regard to the Dogwood bark a half century ago; and such is the amount of knowledge to be gleaned from all that has been written upon the subject. We will next proceed to give the process for preparing the Extract, inspired with the hope that it will fully correspond with the suggestions expressed by Drs. Wood and Bache, in the last edition of the U. S. Dispensatory:—"An Extract might probably be used with advantage in intermittents in large doses."

Take of Dogwood bark, coarsely powdered, *one pound*; Alcohol, *four pints*; Water, *six pints*. Macerate the Dogwood bark with the Alcohol for five days, pour off the tincture, and express. Boil the residuum for half an hour in three pints of the water—strain the liquor, while hot, through linen, and express: repeat the boiling for the same length of time, with the three remaining pints of water, strain and express as before; then mix the decoctions, and evaporate to the consistence of a thin syrup. Distil the alcohol from the tincture, until it acquires the same thickness; then mix both inspissated liquors, and evaporate to the consistence proper for making pills.

Much of the remedial virtues of this Extract depends on the mode of preparation, and the quality of the bark employed. The bark of the stem yields, proportionately, more extract than

that of the branches; the size of the tree, and thickness of the bark, also contribute to augment the amount of extract obtained.

In evaporating the decoctions to the consistence directed, the more quickly the process is conducted, the better; for thus, the duration of exposure to the prejudicial influence of the atmosphere, is diminished. Care must be taken in distilling the alcohol from the tincture, that the preparation sustain no injury by adherence to the bottom and sides of the apparatus—an accident apt to occur, if the process be prolonged beyond the prescribed limits; should the latter take place, the distillation will have been continued to dryness, and the extract burned. Great caution must be observed in conducting the evaporation of both the inspissated fluids. To prevent the preparation being burned during the latter stage of the process, it will be necessary to remove it from the fire, and complete the evaporation in an open vessel over a slow fire, at the same time keeping it frequently stirred.

The use of alcohol is indispensable for extracting the resin of the bark. The boiling may be repeated until the bark is entirely devoid of bitterness, which result we have noticed after the second boiling. From ten pounds of bark we obtained fifteen ounces of extract, yielding the proportion of an ounce and a half to a pound. The average consumption of alcohol is *a pint* to the *ounce* and *a half* of extract.

To the adept in Pharmacy, a descent into so minute a specification of directions and precautions is inapplicable; they are simply the facts which experience has furnished us, and are solely intended to direct subsequent experimenters, who, deeming the subject worthy of their consideration, may be induced to adopt our formula in its preparation. In the hands of other practitioners, its success may be equivocal: if so, we have no hesitation in attributing its failure to the absence of the necessary care in conducting the process.

*Medical properties and uses.* At this early period of its existence, it would be unphilosophical to venture upon a delineation of the precise *modus operandi* of this remedy upon the system in a pathological state. For, although its effects in various morbid conditions have palpably, and repeatedly, been manifested, and might have afforded data, upon which to erect



a comely theoretical superstructure—destined, perhaps, ere long, to be sapped by some successful revolutionist—still, far be it from our purpose, to launch out unsupported into the void realms of hypothesis, and revel in the short-lived glories of a precocious and presumptuous speculation; but content ourselves with confining our statements within the limits of mere *fact*, nor be obnoxious to the charges emanating from the varied interpretation of results, consequent upon the disparity of human opinions. The discrepancy existing, even at this advanced stage of its history, regarding the effects of Quinine on the animal economy, alone might warn us of so perilous an adventure. A general, and in some cases, a profuse perspiration, has been the most obvious of its sensible effects; its astringency may be set down as well authenticated, from facts which will be presented in their proper place; some patients have declared that it produced “ringing in the ears,” &c., but such we regard as ill-founded, and attributable rather to the agency of a morbid imagination.

Of its alleged tendency to irritate the intestinal canal, enough has been said, we trust, to satisfy the most skeptical mind; so far from producing any unpleasant effects in the stomach, or bowels, diarrhœas, when occurring as complications in intermittent fever, have, not unfrequently, been arrested under its administration.

Notwithstanding our confidence of its applicability under all circumstances, where an anti-febrile remedy is indicated, we would not be understood as denying the existence of gastric disorder in *every* case in which it has been used. Such an assertion would be equivalent to the annihilation of a symptom the most uniform in a febrile paroxysm, viz., vomiting; and the candid practitioner will be free to admit the peculiar embarrassment presented in the treatment by this distressing accident. The writer, anxious to ascertain with precision the effects of large doses of the extract on the system in a physiological state, has instituted the following experiment upon himself.

10, A. M. 1st dose, 30 grs. Ext.; pulse previous to taking it, 72.

11. 2nd dose, 30 grs.; pulse intermittent, 72–76; temperature of surface somewhat augmented; general perspiration; a sense of fullness and slight dull pain over the frontal eminences,

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much increased on flexing the head forward and downward ; uneasy feelings in the stomach and bowels.

12, M. 3d dose, 30 grs. ; pulse 76, not intermittent, but somewhat depressed ; sensation in the head uniform. On taking this dose a sense of warmth was felt in the stomach, and radiated over the surface of the trunk.

1, P. M. 4th dose, 30 grs. ; pulse 76, and regular ; pain in the head augmented, and extended down the forehead to the eye-lids, with a disposition to sleep ; slight oppression in the precordia.

Eating dinner, neither mitigated nor heightened the dull headache, which continued the same throughout the day : at night, tendency to sleep much more urgent—retired early, slept well during the night, and arose in the morning free from any unpleasant sensations whatever.

The effects manifested in the foregoing instance by the ingestion of 3 ii. of the *Ext.*, in solution—the largest quantity ever taken in so short a time, would appear to controvert the opinion of its being a stimulant. Dr. Walker found the bark to augment the force and frequency of the pulse, and to increase the temperature of the body—effects which *may* have been presented to this practitioner in the administration of the bark, and which, (as stated in our premises,) it is not our province to corroborate nor refute. But, from the exhibition of the extract, results, diametrically opposite to the former, will be found to obtain—the pulse, if previously excited, becomes soft and regular ; if natural, no material alteration is perceptible. The temperature is slightly increased, invariably attended with copious, sometimes, profuse universal perspiration, generally commencing after the second dose, and continuing several hours subsequent to its discontinuance.

The following cases, subjected to our own management, will sufficiently sustain the positions assumed, in relation to the effects and remedial powers of this *Extract*. A faithful history of the most prominent symptoms observed in every case is given in detail, particularizing those which distinctly exemplify the assertions we have made. To the practitioner of this climate, a minute relation of the ordinary characteristic symptoms of a paroxysm of simple intermittent fever may appear futile and un instructive : for it need scarcely be added, that the tyro in

Medicine, and not unfrequently, the unprofessional, in this immediate locality, being familiar with the *specific*, can control a simple intermittent in as short a time, and with as much facility, as the most experienced. Under ordinary circumstances, minutiae would be unnecessary; but when the object in view is to establish the efficiency of a new remedy in any case whatever of paroxysmal fever, it becomes necessary to relate accurately, the phenomena, which taken collectively, entitle it to be ranked among this class of diseases: otherwise the reader would be at liberty to doubt the genuineness of such a case. And further, it may be remarked, that few localities afford the medical practitioner as ample facilities of familiarizing himself with the lineaments and protean types of malarial disease, as are presented in our region; therefore, have we thought proper to record all the symptoms of which we were cognizant.

With a view to succinctness, the cases have been classified according to the special points which they are designed to illustrate.

CASE I. Sam, a negro, æt. 25, steam-boat hand, of full plethoric habit, previous health much impaired, being a dyspeptic; had fever 12, M., on the 24th Sept. 1848. At 4, P. M., 25th, had a second paroxysm, and at 8, A. M., 26th, a severe chill succeeded by fever. First visit, 4, P. M., to-day—found his skin uniformly hot, though partially moist; violent head-ache; pain in the back and limbs; pulse full, strong and frequent. He had taken some patent pills (by his own prescription) which had operated freely. Prescription: *Ext. Cornus* 4 grs. every hour till 56 grs. are taken; sinapism to the whole length of the spine.

1, P. M., 27th. Found him sitting up, with but little fever; has taken the *Ext. Cor.*; sinapism applied; perspired profusely during the night—says he “thought it would never quit pouring off him”—had to exchange clothes several times; feels exhausted, and has slight pain in the back and limbs. *Ext. Cor.* 8 grs. at 4, A. M., 28th; repeated every hour till 30 grs. are taken.

1, P. M., 28th. Prescription followed; had an exacerbation of all the febrile symptoms at 4, P. M. yesterday; there was considerable aggravation of the pains in the back and extremities;



throbbing pain in the head ; tenderness of the epigastrium, with darting pain through the stomach and vomiting. These symptoms continued all night ; slept none ; the pulse now is quick and irritable ; skin warm, and bedewed with gentle perspiration on the head and shoulders ; respiration somewhat impeded ; tongue coated white ; complains of permanent pain in the lower dorsal region ; by his side is a pan containing a large quantity of a thin, white, frothy fluid—an excessive flow of saliva, which had commenced soon after the exacerbation had made its incursion. Ordered : Cal. and Rhei. aa 15 grs. ; sinapism to the spine ; 8 grs. *Ext. Cor.* at 8, A. M. 29th, repeated every hour until 48 grs. are taken.

2, P. M., 29th. Has taken the *Ext. Cor.* as directed, but not the Cal., &c. At 3, P. M., yesterday, exacerbation returned, but its severity was very much mitigated ; great relief was obtained from sinapism to the spine ; pulse weak and irritable ; skin moderately cool—very nearly natural in temperature ; tongue coated, with a disagreeable taste in the mouth ; tenderness on pressure at the epigastrium, extending down the abdomen ; constant and copious eructation of frothy fluid. *Ext. Cor.* 8 grs. every hour till 40 grs. are taken.

11, A. M., 30th. Has no fever ; no exacerbation since last visit ; prescription partially attended to—has taken but 28 grs. *Ext. Cor.* ; bowels much constipated. Calomel and Rhubarb aa 15 grs., to be taken *instantly*.

4, P. M. Sent for in haste to see him : found him in a comatose condition, which had supervened soon after my departure this morning ; can articulate indistinctly ; from 12 to 2 o'clock was speechless, nor could he be aroused by the loudest calls ; skin is now universally cool ; pulse slow and feeble ; shrinks and groans upon the slightest pressure over the epigastric and umbilical regions ; complains of exquisite pain in the stomach and bowels. At 11½ this morning, he took the Cal., &c., became suddenly sick at the stomach, vomited freely, then sunk into his present state. It is proper to remark, that at the time of taking this powder, he had not had an operation in three days—owing to neglect on the part of the attendants ; since taking it, he has had two stools. Prescribed : hot mustard pediluvium ; blister-plaster over the epigastric and umbilical regions.

Oct. 1st, 10, A. M. Blister has drawn well; pain in the stomach relieved—is much better. No medicine to-day.

Oct. 2nd. Continues to improve; no fever.

This patient continued to improve steadily without further medication.

CASE II. A. M., white woman, æt. 36, residence near the cemetery, of delicate habit, constitution impaired. Three weeks since, had three paroxysms of quotidian intermittent fever, for which she had been treated by the reporter with quinine, &c. On the arrest of the fever, menstruation commenced and lasted three days; a week intervened with comparatively good health, when the menses returned more copious than ordinary for five days. During all this time, she says she has had fever, more or less marked, every day, owing doubtless to her menstrual derangement. This brings us to the history of the disease under consideration.

On the 14th Sept., the day on which the menses disappeared, had a slight chill about 8, P. M.; represents herself as having slept none that night.

15th. A chill at 12, M. 7, P. M., first visit—this is her state: skin preternaturally warm and dry; pulse feeble, frequent and irritable; tongue parched and coated brown; pain in the back, and extremities, particularly in the lumbar and upper dorsal regions; eyes icterode; bowels torpid, having had but one evacuation in a week; vomiting and tenderness in the epigastric region. Prescription: Calomel and Jalap, aa 15 grs.; sinapism to the spine; 8 grs. *Ext. Cor.* at 12, M., 16th, repeated every hour till 60 grs. are taken.

16th, 4, P. M. 32 grs. *Ext.* taken; Calomel and Jalap, and sinapism, attended to as directed; has had two stools; feels much better; pulse soft and somewhat excited. Since the first dose of the *Ext.*, the surface has been universally covered with perspiration—the only physical effect of the medicine; pain and weakness in the back relieved by sinapism; vomited freely last night—describes the matter vomited to be largely mixed with bile; head-ache and tenderness in the right hypochondrium most prominent symptoms. Prescription continued as directed.

17th, 1, P. M. Has taken the Ext.; exacerbation returned about 8 last night; was delirious; all the symptoms of the previous paroxysm were somewhat aggravated; vomited frequently and copiously; thirst urgent—drank cold water *ad libitum*. The pulse now is full and frequent; skin warm and soft, being inclined to perspire; head-ache severe, with neuralgic pains in the face: exquisite tenderness in the cervical and upper dorsal spine—shrinks from the slightest pressure on that region; tenderness in the epigastric, with a dull, heavy sensation in the right hypochondriac regions; tongue dark, coated in the centre, red at the tip and edges; eyes suffused and yellowish; has vomited twice since morning; bowels constipated. Ordered: hot mustard pediluvium every two hours; strong sinapisms to the spine, and over the epigastrium; one laxative pill to-night; 16 grs. *Cornus* every hour till 80 grs. are taken.

18th, 11, A. M. Prescription strictly followed; had a mitigation of all the symptoms commencing about 5, P. M. yesterday; commenced perspiring after taking the second dose of the Ext., which continued all night; slept tolerably well—complaining of slight head-ache and sick stomach. This is her present state: pulse weak, and 90 per minute; skin moist, and natural in temperature; tongue clearing off; slight pain in the head, with great exhaustion; bowels costive. A compound powder of Aloes 2 grs., Calomel 3 grs., and Rhubarb 10 grs.; 4 grs. *Ext. Cor.* every hour till 48 grs. are taken; diet, rice gruel, and chicken soup.

19th. Has taken all the medicine; has had one stool; had a comfortable night's rest; pulse natural; perspired freely after taking the *Ext. Cor.*; has slight pain in the head; bowels still constipated. Ordered: Cream of Tartar and Jalap, on alternate nights, to keep the bowels regular; diet, as before.

20th. Found her up, and attending to her ordinary avocations. Convalescence may be dated from this period.

CASE III. Mrs. T., aged 45, of delicate habit, good constitution, complained of tenderness in the legs and feet on the night of the 27th Sept.; to this tenderness succeeded lancinating pains, with heat, swelling and redness. 28th. Felt a general uneasiness, with some fever; pains in the back and shoulders; great restlessness, and want of sleep.



29th, 4, P. M. First visit: had a severe chill about 8 this morning; pulse full, strong and frequent: skin hot and dry; countenance flushed; tongue parched, and coated white; severe head-ache; pains in the back and extremities; pain in the epigastric region; the inflamed state of the legs and feet unabated, the slightest pressure on the legs producing the most exquisite pain, amounting to faintness; thirst urgent. Prescribed: Calomel, 15 grs., incorporated with one laxative pill; sinapism to the whole length of the spine; cold water, *ad emesem*; 15 grs. *Ext. Cor. at 4, A. M. 30th, repeated every hour till 60 grs. are taken*; an infusion of Salts and Senna to-morrow morning.

30th, 12, M. Prescription followed: has had several copious stools; vomited pretty freely last night; slept but little; had a mitigation of all the symptoms, commencing about 3 this morning, the pain in the legs excepted; exacerbation returned between 8 and 9, with increased intensity; has vomited several times; head-ache violent, with delirium; excruciating pain in the legs and feet; pulse full and strong, 135; skin intensely hot and dry; tongue parched and coated; pain in the back and shoulders—cannot move without distressing pain; respiration hurried and oppressed; great tenderness in the epigastric and both hypochondriac regions; vomits frequently. Ordered: undiluted sinapisms to the spine and abdomen; cold affusion to the head frequently; cold water in large quantities, to promote vomiting.

9, P. M. No abatement of the foregoing symptoms, vomiting excepted; has vomited but once since the application of sinapism over the abdomen. 16 grs. *Ext. Cor. at 2, A. M., Oct. 1st, repeated every hour till 80 grs. are taken.*

Oct. 1st, 12, M. Has taken the medicine; had a remission about 1, A. M.; has not had a return since. The pulse now is soft, and 98; skin warm and moist; swelling and tenderness in the legs much relieved; slight pain in the head; pain in the back and stomach all disappeared; bowels torpid. Three laxative pills; 4 grs. *Ext. Cor. every hour until 48 grs. are taken.*

2nd. Has taken all the medicine; all febrile symptoms disappeared—only slight tenderness in the right leg.

From this time, Mrs. T. continued to improve steadily till convalescence was complete.

Here we have three well-marked cases of Intermittent fever, brought to a happy termination by the *Extract of Dogwood bark*. Independent of their applicability to illustrate the efficiency of the Ext. Cor. in the treatment of paroxysmal fevers, it is proposed to give to each a separate consideration, for the purpose of adverting to certain adventitious complications closely connected with the modern pathology of this disease.

Case No. 1, presents us with a dyspeptic, or perhaps, what Prof. Garvin would denominate a subject of "morbid sensibility of the stomach."\* To effect a cure, 162 grs. of the Extract have been given without producing any unpleasant effect in the intestinal canal. That the fever subsided into a local phlegmasia—gastritis, cannot be denied; it would be absurd in the extreme, not to admit the supervention of a complication of such frequent occurrence in intermittent as well as in remittent fever; but it is presumed that no physician, (if he be not of the physiological school,) guided by a correct pathology of remittent fever, will attribute this gastric disorder to any other source, than simply an accident liable to occur, independently of any mode of treatment. Prof. Ford, speaking of the abortive treatment of remittent fever, says,† "If after the subduction of the fever, there remains the evidence of disease in the liver or stomach or bowels, then this may be corrected by appropriate remedies, more readily, more safely and effectually, than during the fever. The writer would insist upon this subsequent treatment of any remaining disease, as a necessary part of this abortive treatment."

We likewise have additional corroboration of the impressive inculcations of the latter writer, viz: that paroxysmal fever is independent of the local affection, in the case before us; the paroxysms have been arrested by the anti-periodic treatment, while the local affection remains to be combatted by local applications. It may be further remarked, that the first two paroxysms were simple intermittent of the double tertian type; that they became remittent, and passed on to convalescence, the local affection alone remaining to be subdued by appropriate remedies.

By this case and such others, then, are obviated two grave

\* Southern Med. and Surg. Journ., vol. 2, p. 705.    † Op. cit., vol. 3, p. 139.

objections, found in books, to the use of the preparations of the Dogwood bark, viz: 1st, that large quantities will produce disorder in the stomach and bowels; and 2dly, that in any quantity it produces diarrhoea, griping pains, &c. An instance, perhaps, could not be found, which in a higher degree combined the peculiarities which would predispose to these unpleasant consequences, than the one under consideration; for it is a well-established principle, that a pre-existing morbid condition of any organ will, generally, be increased by intermittent or remittent fever; and such precisely obtained here. The morbid sensibility of the stomach predisposed that organ to inflammation; its development was gradual, as evinced by the frequent eructation of colourless fluid—the morbid sensibility of the stomach extending to the salivary glands, according to Prof. Garvin,\* and the febrile paroxysms acting as the exciting cause. These facts, it is hoped, will sufficiently account for the super-vention of gastritis in the present case, and dissipate the unfounded objections raised in conformity with doctrines long since obsolete.

In case No. 2, we have an instance of simple intermittent fever renewed at the third hebdomadal period by an attack of remittent fever, and arrested by the second administration of the *Ext. of Dogwood bark*. It may be seen that the disease preserved the double tertian type throughout its course; that vomiting, an almost invariable symptom in remittent fever, occurred previously and subsequently to the exhibition of the Extr., no modification resulting from its action; and that after the first dose, the obstructed cutaneous secretion has been restored to the great comfort and relief of the patient.

Here a disquisition of peculiar importance presents itself, viz., as to whether the Ext. of Dogwood bark exercises a prophylactic influence in obviating the hebdomadal recurrence of periodic fevers. It is generally conceded that the recurrence of the disease, under the hebdomadal form, is of more frequent occurrence since the introduction of quinine as a therapeutic agent; and its exclusive employment in the cure of paroxysmal fevers, than previous to that time.

Without advocating the opinion that quinine predisposes the

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\* Op. cit., p. 707.



system to these periodic invasions, the inferences rationally deducible from the general properties of the Ext. of Dogwood bark are—that with antiperiodic, it combines tonic virtues, therefore its effects on the system are more permanent than those of quinine, to which modern observation will not ascribe these properties in so high a degree; that by imparting tone to the system, it secures a more favourable and fortified condition of the organs for resisting the subsequent encroachments of the morbid agent; and consequently, may not this latter qualification give it an important advantage over quinine, inasmuch as it is calculated to accomplish *per se*, what would require quinine, with a course of tonic treatment?

A few cases could be adduced in support of the position here suggested, which will be adverted to *en passant*; but to substantiate and mature such a proposition, would demand the evidence of protracted experience. And should subsequent observation add confirmation to the truth of the foregoing suggestion, the profession will have attained the link which now seems deficient in the chain of radical treatment of paroxysmal fever.

Case No. 3, presents but little variation from the two preceding cases, only being complicated by anasarca, which was a peculiarly distressing accident. The connection between the paroxysms and the local affection is shown by the subsidence of the latter, without any local application, on the arrest of the former. The second administration of the Ext. Cor. prevented a return of the exacerbation.

CASE IV. F. C., a mechanic, æt. 32, residence on the canal—intemperate habits. On the 10th July, he was taken with a chill succeeded by fever. 12th, second paroxysm, and on the 14th, third paroxysm. It is proper to remark, that at this time, he was convalescing from some hepatic affection of three weeks continuance, manifested by an icterode state of the skin, and slight tenderness on pressure, over the liver and stomach.

16th, 7, P. M. First visit—found him in the sweating stage of a paroxysm, which came on about 12, M., to-day; the tongue is coated, and red; breath offensive; great tenderness on pres-

sure over the epigastric, and right hypochondriac regions; also over the dorsal vertebræ. Sinapism. to the epigastrium and dorsal spine; Cal. 20 grs., Jal. 10 grs.; 8 grs. *Ext. Cor.* at 7, A. M. 18th, repeated every hour until 40 grs. are taken.

19th, 4, P. M. Prescription followed; had a paroxysm yesterday about 3, P. M. Mitigated in all the symptoms, and of shorter duration than the preceding; has had several stools; tenderness over the liver relieved; is free from fever, but there being anorexia and much debility, has kept his bed all day. 8 grs. *Ext. Cor.* at 7, A. M. 20th, repeated every hour till 64 grs. are taken.

21st. Took 64 grs. *Ext. Cor.*; missed the paroxysm; local pains and tenderness all disappeared; appetite and colour of skin much improved. Convalescence was rapid, notwithstanding the protracted illness.

CASE V. Phil, a negro, rail-road hand, aged 29, strong constitution, occupation a blacksmith; had a chill 12, M., 9th Sept., attended with vomiting, diarrhœa and griping pain in the bowels. 10th. Had the second chill about 12, M., diarrhœa and griping pain persistent.

11th, 10, A. M. First saw him—has no fever, but is much exhausted; diarrhœa and pain in the bowels most prominent symptoms. Prescribed: Cal. and Dover's powd., aa 15 grs.; 20 grs. *Ext. Cor.* every hour till 60 grs. are taken.

3, P. M. Paroxysm returned at 12, M.; has taken all the medicine; has slight fever now; no vomiting; diarrhœa and griping pain relieved—the former completely checked. Infusion of salts and senna to-night.

12th, 4½, P. M. Has taken the salts and senna; several copious stools; has no fever, no pain—feels much better, but weak. 12 grs. *Ext. Cor.* at 7, to-morrow morning, repeated every hour till 60 grs. are taken.

13th, 4, P. M. Took the *Ext. Cor.*, which produced slight vertigo; no fever—convalescent.

CASE VI. S. L., a white girl, aged 9 years, of delicate habit: 5th Sept., had the first paroxysm; 6th, chill at 10, A. M.

7th, 11, A. M. First visit—found the pulse excited; skin

warm; has had diarrhœa since she was first taken; took a dose of oil yesterday morning, which had operated freely—anticipates a chill momentarily. 12 grs. *Ext. Cor.* every hour till 36 grs. are taken—will take at 4, to-morrow morning, 8 grs, *Ext. Cor.*, repeated every hour till 24 grs. are taken.

8th, 11, A. M. Had taken but one dose before the invasion of the paroxysm on yesterday, which was succeeded by fever of short duration; has taken this morning three doses of *Ext. Cor.* Same continued till two doses more are taken.

9th. Had no return of the paroxysm yesterday; has not had any to-day; diarrhœa checked—convalescent.

CASE VII. Mrs. B. æt. 60, of delicate habit, residence lower part Green-street, has had quotidian fever since the 21st Aug.

28th, 1, P. M. First visit—was free from fever, but expected the return of a paroxysm about 8 this evening, which was the usual time of access; since the first invasion, she has had diarrhœa with occasional pain in the bowels, which became aggravated by each successive paroxysm. Prescription: *Ext. Cor.* 60 grs.; *pulv. Opii.* 2 grs.;  $\frac{1}{8}$  every hour until all are taken.

29th, 11, A. M. Directions followed: produced free perspiration; bowels more regular; missed the expected paroxysm; was slightly under the influence of opium. 8 grs. *Ext. Cor.* every hour till 48 grs. are taken.

30th, 10, A. M. Has taken the medicine; no febrile symptom; pulse feeble and regular; surface cool and natural. No medicine to-day.

31st. Continues to improve; bowels torpid. Ordered three laxative pills.

Sept. 1st. Convalescent.

CASE VIII. G. K., æt. 13, occupation in the Factory, had a chill at 11, A. M., Sept. 11th, succeeded by fever of long duration. 12th. Chill at the same time. 7, P. M. First visit—pulse full, frequent and soft; skin moderately hot and dry; pain on the slightest pressure over the dorsal spine and epigastric region; complains of slight soreness in the throat; diarrhœa with occasional griping pain in the bowels; has vomited several times to-day. Ordered two laxative pills; a strong infusion of capsic-



eum and alum, as a gargle; sinapisms to the spine and epigastric region; 12 grs. *Ext. Cor.* at 6, A. M. to-morrow, repeated every hour till 48 grs. are taken.

14th, 12, M. Took the medicine yesterday; paroxysm recurred at 2, P. M., of shorter duration than the preceding, and much mitigated; vomiting, diarrhœa and pain in the bowels relieved; tenderness in the throat removed; has had several consistent stools. 16 grs. *Ext. Cor.* every hour till 48 grs. are taken.

15th, 4, P. M. Prescription followed; missed the paroxysm yesterday—is up and about. No medicine to-day.

16th. Fully convalescent.

From the third case, we have five cases of simple intermittent fever, satisfactorily treated by the *Ext.* of Dogwood bark, which establish, *sine dubio*, the propriety of its administration, irrespective of circumstances.

In the fourth case, we have a tertian intermittent cured by the second exhibition of the *Ext. Cor.* The effect of 40 grs. taken on the 18th, was to retard the period of invasion from 12, M., to 3, P. M., together with a mitigation of all the symptoms; 64 grs. given in anticipation of the next accession secured its prevention. Here, there must have existed more or less disorder of the entire intestinal canal, yet, how satisfactorily, not only, has the fever been arrested by the *Ext. Cor.*—the assumed “irritant” of authors—but his whole system has regained tone under its use!

The fifth case forcibly maintains its aptitude in all cases where the quinine is indicated, regardless of the state of the gastro-intestinal surface. With this patient, gastro-intestinal disorder was a most distressing complication, as evinced by vomiting, pain in the bowels and diarrhœa; yet in the face of these apparent contra-indications, the *Cornus*—with the profession the reputed irritant to the stomach and bowels—is administered not only with impunity, but decided advantage. It is evident in this case, that on the first administration of the medicine, the remaining time of the intermission was not sufficient to bring the patient under its influence; the paroxysm returned with less severity, yet it was not without effect; for

on the 12th, though no medicine was given, the paroxysm did not recur—showing its permanent influence over the system.

The repetition of a drachm on the 13th, ensured convalescence, furnishing conclusive evidence of the safety of giving two drachms of the Ext. Cor. upon an irritated stomach and diseased bowels, and thus commending this medicine to our implicit confidence, *even* under such circumstances.

In case No. 6, it will be seen that but one dose of the Ext. had been taken previous to the accession of the chill on the 7th; 40 grs. taken on the 8th, obviated the paroxysm and cured the diarrhœa. Upon this case, more comment is unnecessary, further than to notice the propriety of administering the medicine to the child with as much safety as to the adult.

In the seventh case, the paroxysm is arrested by a drachm of the Ext.—two grs. of opium forming an element in the prescription. Whether to attribute the subsidence of the diarrhœa to the opium or Ext. Cor., the facts of the case alone do not warrant a decision. But from a careful consideration of analogous cases in which no opiate has been employed, we feel justified in the opinion that results equally satisfactory would have obtained under the influence of the Ext. Cor. alone. The next may serve as an instance.

In case 8, the paroxysm is not prevented by the first prescription; but the time of access is retarded from 11, A. M., to 2, P. M.; its severity moderated, and duration curtailed; and the gastro-intestinal disorder rectified as promptly, safely and effectually, as in the preceding case by the co-operation of an opiate.

In the report of the five last cases, the object has been to corroborate the assertions advanced in our premises, viz: that the Ext. of Dogwood bark has no tendency to irritate the intestinal canal; but, on the contrary, when disordered, that the celerity with which its healthy action is restored by the agency of this medicine, sanctions its unconditional application in similar cases.

There is another most valuable property invariably manifested by this medicine, to which we would invite especial attention: it is its well-marked influence over that condition of the system which determines obstruction of the cutaneous ex-

halation. In the foregoing cases characterized by disorder of the intestinal canal, the manifestations of its utility have been so obvious as to suggest a close analogy between its *modus operandi* and that of the Dover's powder, in controlling the morbid phenomena indicating the use of the latter remedy—combining in a certain degree the actions of both a diaphoretic and a sedative. And further, to this sudorific agency may be fairly ascribed the subsidence of the diarrhœa complicating the above-detailed cases. So uniformly has this diaphoretic property been evinced, that we have not hesitated to administer it in any stage of a febrile paroxysm, thereby superinducing an alleviation of the febrile symptoms by the early establishment of the “sweating stage.” In support of this view special cases could be brought forward, but our limits interdict their insertion.

CASE IX. J. S. æt. 15, of relaxed habit, residence in Harrisburgh. About four weeks since, he had three paroxysms of quotidian malignant intermittent fever—the two last being attended with all the symptoms characteristic of this type, viz., delirium, jactitation of the arms and legs, stupor, speechlessness, &c., &c.; for which he had been treated by the reporter with the ordinary remedies—active depletion, general and local; revulsion by vesication and sinapisms; quinine, hot mustard pediluvia, cold affusion to the head, &c. On the 6th August, 8, A. M., had a severe chill, followed by fever, which lasted till about 4, P. M. A perfect intermission on the 7th; and at 8, A. M., 8th, had a second chill, and fever of the same continuance, but augmented in intensity.

First saw him at 7, P. M., 9th—was then in usual good health, but had many apprehensions of the expected paroxysm. Ordered: Blue mass, 20 grs. with one laxative pill; 16 grs. *Ext. Cor.* at 4, A. M., 10th, repeated every hour until 60 grs. are taken; sinapism to the spine at 6, to-morrow morning.

10th, 11, A. M. Has taken the prescription; one copious stool this morning; skin pliant and moist; pulse soft and regular; complains of nausea and slight head-ache; has no fever. Infusion of salts and senna.

11th. Convalescent.



CASE X. Nases, a negro, rail-road hand, aged 32, full plethoric habit. Three weeks since, had five paroxysms of quotidian intermittent fever, treated with quinine.

7th Sept., 10½, A. M. Was taken with a chill, succeeded by fever, which lasted all that day. An intermission on the 8th. 7, P. M., first visit—expected a recurrence of the paroxysm to-morrow morning. Ordered: Cal. and Jal. aa 15 grs.; 8 grs. *Ext. Cor. at 4, A. M., 9th, repeated every hour till 64 grs. are taken.*

9th, 5, P. M. Prescription followed; has been freely operated on; missed the paroxysm, and has no symptom of disease.

10th. Convalescent.

CASE XI. M. C., aged 21, full habit, strong constitution, occupation in the Factory. One week since, she had tertian intermittent of five weeks duration, of which she was cured by quinine, &c.

1, P. M., 11th Sept. Had a chill, followed by fever, and at 9, A. M., 12th, is found free from fever, but much indisposed. Prescribed: Cal. and Jal. aa 15 grs.; 16 grs. *Ext. Cor. every hour till 64 grs. are taken.* 6, P. M. Has had several evacuations; has taken but 32 grs. of the *Ext. Cor.*; no fever during the day. 8 grs. *Ext. Cor. at 8, A. M., 13th, repeated every hour until 32 grs. are taken.*

13th. Took the medicine; no fever. Dismissed, convalescent.

N. B.—We have had an opportunity of seeing the three last recorded cases frequently since their respective time of treatment; we can, therefore, vouch for their radical cure. Nov. 9th.

Here we have three cases of intermittent fever recurring under the hebdomadal form after the quinine treatment, in which this tendency is eradicated by the use of the *Ext. Cor.*—showing, at least as far as they go, the prophylactic virtue of this article.

Case 9, offers for our consideration, a tertian intermittent, returning at the fourth hebdomadal period, after an attack of malignant intermittent, which shows satisfactorily the efficacy of the *Ext. Cor.*, as well as many of the characteristics of this affection, viz., its liability to recur at hebdomadal periods, inde-

pendent of the mode of treatment; a progressive increase in the intensity of each succeeding paroxysm, which, if not arrested by medication, might have assumed the malignant type—as on the occasion alluded to, the malignant was preceded by two paroxysms of simple intermittent. On the first administration of the Ext. in this case, the result obtained could not have been surpassed by the use of *any* anti-periodic agent.

On cases 10 and 11, we will forbear commenting; but for further remarks upon this division of the subject, reference may be had to our observations on case 2.\*

There are some other cases which, from having no direct relation to the special points which the preceding cases are respectively designed to elucidate, could not be comprised under any of the three divisions above laid down, yet they may be worthy of note, as justifying the claims of the Extract of Dogwood bark to anti-periodic power.

CASE XII. Mrs. B., æt. 42, of full habit, has had quotidian intermittent fever since 1st Sept., the time of access being variable. Took, on the 6th, 20 grs. quinine; notwithstanding the paroxysm returned about 12, at night. At 10, A. M., 7th, the skin is found cool and dry; pulse feeble and frequent; head-ache and pain in the lumbar region; great exhaustion and restlessness; tongue slightly furred. Prescription: Sinapism to the spine; 8 grs. *Ext. Cor.* every hour till 64 grs. are taken.

8th, 9, A. M. Has taken the medicine, missed the expected paroxysm—is much better in every particular. 10 grs. *Ext. Cor.* at 8, P. M., repeated every hour till 40 grs. are taken.

9th. Has taken the medicine; no fever since last visit—convalescent.

CASE XIII. Howard, aged 23, a steam-boat hand, occupation cook, previous health very good, has had intermittent fever of the double-tertian type since August 27th.

First saw him 9, A. M., 1st Sept.—had no fever, 4, P. M., being the usual time of access. Ordered, 8 grs. *Ext. Cor.* every hour till 72 grs. are taken.

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\*In the four cases of the hebdomadal type which we have given, the immunity from subsequent attacks was ascertained by frequently visiting them from the period of the first invasion until the present time—November 5th, 1848.

2nd, 10, A. M. Has no fever, missed the paroxysm yesterday; bowels constipated. *Ext. Cor.*, 8 grs. every hour till 48 grs. are taken; Cal. and Jal. aa 15 grs.

3rd. Has taken the prescription; no fever—convalescent.

CASE XIV. A. C., aged 21, of full, plethoric habit, occupation in the Factory—has had tertian intermittent since 2d Sept. Assumed the double-tertian type on the 8th.

9th, 4, P. M. First visit—paroxysm came on at 10, this morning, having taken, previous to its accession, quinine pills to the amount of 25 grs. (by her own prescription). The skin is now hot and dry; head-ache violent; pulse frequent and irritable; exquisite pain in the back and epigastric region. Ordered: Sinapisms to dorsal spine and epigastric region; 8 grs. *Ext. Cor. at 4, A. M., to-morrow, repeated every hour till 48 grs. are taken.*

10th, 12, M. Prescription followed; no fever—perfect intermission. 12 grs. *Ext. Cor. at 5, to-morrow morning, repeated every hour till 60 grs. are taken.*

11th, 6, P. M. Has taken all the medicine; no symptom of fever at any time of the day. Convalescent.

CASE XV. Mrs. N., æt. 26, of strong constitution, previous health generally good. At 10, A. M., 10th August, was taken with a chill—6, P. M., finding her thus: skin generally warm and moist; pulse soft and feeble; occasional sickness at the stomach, but no vomiting; a shooting pain through the right breast, productive of much distress and embarrassing respiration; tongue foul; head-ache; pain in the back and limbs—especially severe in the hip, knee and ankle-joints, the slightest motion of the lower extremities being attended with great suffering. Cal. and Rhub. aa 10 grs.; 8 grs. *Ext. Cor. at 4, A. M., 11th, repeated every hour till 48 grs. are taken.*

11th, 4, P. M. Prescription attended to; two stools this morning; paroxysm recurred at 10, A. M., not preceded by a chill, and, as she represents, much mitigated; head-ache, sick stomach, and pain in the breast, persistent; skin moist; tongue clean at the tip and edges; pulse 120, and feeble. Ordered, an infusion of salts and senna; sinapism to the whole length of the



spine; 15 grs. *Ext. Cor.* at 6, A. M., 12th, repeated every hour until 60 grs. are taken.

12th, 11, A. M. Directions followed—several copious stools; skin pliant, and partially bedewed with perspiration; had slight head-ache about 9, this morning, but was only transient; pain in the breast and joints relieved. No medicine to-day.

13th. Found her up and at work, without fever or any local pain. The convalescence of Mrs. N. was pleasingly satisfactory.

Respecting these cases we will only add, that such could be multiplied *ad infinitum*, from the practice of my preceptors, Drs. Campbell; but we trust that the views propounded in this thesis are amply sustained by arguments fairly deduced from the facts presented in the cases already cited.

Impressed with the importance of establishing for this remedy a confidence commensurate with its value, we will further add, that in simple intermittent fever, the paroxysm is generally arrested on its first administration—invariably upon the second; that no complicating accidents should contra-indicate its employment in a febrile paroxysm; that when it fails to preclude an approaching paroxysm, it moderates the symptoms, and shortens its duration; and that in the cases of remittent fever, treated with this medicine, the longest time of attendance was four days. in most, less—facts, which on good grounds controvert the truth of that doctrine which regards quinine to be the *sine qua non* under such circumstances.

Add to this the comparative immunity from expense secured to the practitioner, by the substitution of an indigenous article, whose abundance need not be dwelt upon, for an exotic which, though maintaining a position unique in the catalogue of remedies, has had its objections.

In conclusion, we would say—those who may not be disposed to submit the remedy to an experimental examination, can have no right to disprove our assertions: those who may, we confidently believe, will advance additional testimony in their favour.

These pages have been already extended beyond the proper limits; yet we shall cherish the hope that words have not been multiplied in vain, if, by our remarks, the attention of the profession be directed to a remedy consigned to an untimely oblivion by the exclusive doctrines of by-gone years.

## ARTICLE II.

*Report of the first day's Surgical Clinic of the present Session in the Medical College of Georgia.* By PAUL F. EVE, M.D., Professor of Surgery.

The operations of the first day's clinic in our College, may, in the absence of more important matter, possess sufficient interest to be laid before the profession. It will serve to give variety, if nothing else, to the original department of this No. of our Journal. Four patients were introduced on the occasion, and the operations, about to be described, performed before the class.

CASE I. *Enlarged Glands in the axilla—operation completed while patient was under the influence of chloroform.*—

This case, the first in order, presented a collection of enlarged lymphatic glands in the right axillary region. She is a negro woman, aged 21, just arrived from the interior of So. Carolina, is the mother of one child, and is now supposed to be pregnant about the fourth month. As is too often the case with patients of this class, little satisfactory can be elicited relative to the cause of her present complaint. She now has a cluster of tumors deeply situated in the axilla, which she says commenced growing several months ago. They have been treated as an abscess. They are now quite hard, moveable upon each other, rounded in form, attached to surrounding parts by cellular tissue, and are quite painful at times. Their removal being determined upon, and the patient offering some objections to etherization, an incision was made over the central mass of some three inches in length, and several of the largest at once extracted. Finding that the chain of diseased glands extended under the scapula, and the sufferings of the patient being great, chloroform was administered by inhalation, and the operation completed by removing a mass of enlarged glands, which, taken together, was about  $\frac{1}{2}$  pound in weight.

The diseased structure consisted of a central tumor, harder and larger than some dozen others which were softer and of a yellowish white color. They were distinct, of a round shape,

connected by bands of cellular tissue, were fibrous when laid open; the largest one being evidently schirrous.

On the third day, the wound was dressed, found so nearly healed, and the patient doing so well, that she left for home by easy stages.

**CASE II** *Congenital Tumor of the Hand—extirpation.*—This is an infant, four months old, who has a tumor of the size of a small egg, over the palmar surface of the fifth metacarpo-phalangeal articulation. It is hard upon the surface, softer within, pretty vascular, and its character confessedly unknown. The mother attributed it to "*longings* after a brandy peach"—we can, however, assure the old women it did not resemble this in any of its physical properties. This tumor has been gradually increasing since birth.

By a continuous sweep of the knife it was partially removed—that is, a portion attached to the aponeurosis of the hand still remained. There was no great hemorrhage, and the wound was dressed for suppuration.

The part removed consisted of thickened dermoid tissue, and of abnormal structure, made up of a congeries of whitish cords, resembling in size, shape and color, common vermicelli.

After the third day, the wound was poulticed, and it healed in about three weeks. There still exists a small portion of thickened tissue at one point of the original disease, to which pressure is being applied.

**CASE III.** *Callous Ulcer of five years standing—application of the actual cautery.*—Winney, a negro girl, aged 20, has now been a year in my Surgical Infirmary. She entered for an ulcer situated over the internal malleolus of the right foot. She says a portion of a cotton stock was thrust into the seat of the disease while plowing. The ulcer has been healed on more than one occasion, but bearing the weight of the body on the foot invariably re-opens it. From the loss of the soft parts near the internal ankle, the foot and the great toe incline inwards, so that when the foot is placed flat upon the ground, the cicatrix of the ulcer is ruptured. No sinus is found to penetrate the joint, and the bony structure is apparently healthy.



This girl has been subjected to a great variety of treatment, but none yet has proven entirely successful. At one time a piece of skin from the jaw of a lamb was secured over the ulcer—then an anaplastic operation attempted, but with no other favorable result, than to change the position of the ulcer to just above the internal malleolus. The actual cautery was now applied, very little sensibility being evinced by the patient, so callous is the diseased surface.

CASE IV. *Stricture of the Urethra relieved by the catheter—patient under chloroform.*—This is a negro boy, 19 years old, who for six or eight years has labored under difficult micturition. He acknowledges no other cause for it than the fact of his having been a *dirt-eater*. He denies ever having had gonorrhœa. The stricture is situated at the membranous portion of the urethra, and an instrument of the smallest size cannot be made to enter the parts. This patient was in my Infirmary about two years ago, and so obstinate was the case then, that he was only relieved by cutting out the contracted portion of the urethra.

On the present occasion, he was placed under chloroform, and although he could only pass urine by drops, a catheter of common size entered the bladder with perfect ease. In previous attempts the patient would writhe in pain; now no resistance was offered on his part, and by the slightest effort, the instrument passed through the stricture.

This patient is about to return home, having a metallic bougie larger in diameter than  $2\frac{1}{2}$  lines, which he uses himself. The chloroform, in his case, acted truly like enchantment.

(On the next day's clinic, *four cataracts* were operated upon, but as a member of the class is drawing up their report, with other cases, as a substitute for his Thesis, we shall of course decline noticing them here.)

## Reviews and Extracts.

## ARTICLE III.

*The Transactions of the American Medical Association.* Instituted 1847. Vol. I. Philadelphia: Printed for the Association, by T. K. & P. G. Collins. 1848. pp. 403. 8vo.

We proceed to redeem our promise of giving a notice of the first volume of the Transactions of the American Medical Association. From the several lengthy accounts already published by us respecting the proceedings of this body, little else remains for us to do than simply to extract what we deem useful and interesting to those readers who are unable to obtain the record of their transactions. All we propose then, to do now, is to pass over the pages of this volume and transfer to our Journal the important professional facts it contains. The meeting in Baltimore was composed as follows—4 from the U. S. Navy, 9 New Hampshire, 4 Vermont, 19 Massachusetts, 4 Rhode Island, 15 Connecticut, 45 New-York, 8 New Jersey, 51 Pennsylvania, 5 Delaware, 68 Maryland, 10 District of Columbia, 14 Virginia, 3 South Carolina, 2 Georgia, 1 Louisiana, 1 Missouri, 1 Kentucky, 3 Tennessee, 3 Illinois, 3 Indiana, 1 Wisconsin. Texas, North Carolina, Mississippi, Alabama, Maine, Florida, Arkansas, Iowa and Michigan, *nine* States, were not represented. Total number of delegates present, 266.

As an Appendix to the proceedings of the sessions held in Baltimore, are the reports of the various committees appointed at the previous meeting which was held at Philadelphia. The first is on medical science, and prepared by Dr. W. T. Wragg, of Charleston, S. C., who acted as Chairman, in the absence of Dr. S. H. Dickson. It occupies 50 pages. This is certainly a most able article, and does great credit to our young professional friend. We take the following extracts from it:—

*“On the Causes and Treatment of Scurvy* the Journals furnish us much valuable matter. Dr. Shapter and Dr. Lonsdale\* consider the absence of the potatoe as the *“fons et origo mali.”* They adduce much proof from their own experience, and that of others, in confirmation of their views. As a general rule,

\*Prov. Med. and Surg. Jour., and Med. Times, 1847; Edin. Mon. Journ., 1847.

the statement may be made, that wholesome diet requires a supply of succulent vegetables, with a portion of vegetable acid. In the potatoe, tartaric acid exists, and to this is due its antiscorbutic properties.

"Dr. Bellingham\* has announced similar views. 'It is clear,' he says, 'therefore, that the cause of the present epidemic may be traced to the absence of the potatoe from the dietary of the poor, and it is equally clear, that a diet of bread, with or without meat, or broth, is incapable of preserving the body in health, and tends to develope scurvy.' Facts, he says, upset the theory of Liebig, that as carbon, the principal constituent of fat, is abundant in potatoes; whereas, the constituents of bone and muscle are found in peas, beans, oats, barley, rye, wheat, &c., more plentifully; that, therefore, these latter are more fit for a labouring population as articles of food. 'Indeed,' he says, 'if all we read about nitrogenized and non-nitrogenized articles of food were correct, the potatoe would have fallen into disrepute long since.' Whereas 'for more than half a century, it has been the sole food of the great majority of the peasantry of the country (Ireland); and we believe a healthier, hardier population was to be met with in few countries—contrasting sadly with their present altered aspect, after a diet for some months composed of highly nitrogenized substances.'

"Dr. Ritchie† also considers 'deficiency of potatoes and succulent vegetables as the most efficient cause.' In those forms of the disease in which the superadded symptoms are not so severe as to call for the undivided or the especial care of the physician, his treatment was diet regulated on principles deducible from his views of the causes of the disease, and the use of lemon juice or citric acid.

"Dr. Curran‡ takes similar views. 'In four-fifths of his cases, at least, the diet had been bread, with tea or coffee; and in no single instance could he discover that green vegetables or potatoes had formed part of their dietary.' He treated the disease with lemon juice, nitrate of potash, and vinegar.

"Dr. Christison§ agrees with all the other writers, that error in diet is the cause of the disease, but considers that the indispensable article is milk.

"Dr. Foltz, in his excellent report on the scurvy in the United States squadron in the Gulf of Mexico, printed in the American Journal, attributes the disease to the absence of vegetables; and refers to the change of the ration law, by which the one day for vegetable food was taken away, as a cause of its appearance in the East India squadron. Dr. Dodd, of the Poto-

\* Dub. Med. Press, 1847.

† Edinburgh Monthly Journal, 1847.

‡ Dublin Quarterly Journal, 1847.

§ Edinburgh Monthly Journal, 1847.



mac, suggests that the inferior quality of the salt used in curing the meat was one cause. Dr. Foltz sums up the causes of the disease in the Mexican Gulf squadron thus: 'Protracted cruising between the tropics, unwholesome and innutritious salt provisions, vitiated atmosphere on board, resulting from imperfect ventilation, at times a reduction in the quantity of water; and, in the crew of the *Raritan*, the despondency and disappointment resulting from being kept on board ship after the expiration of the time for which many of the crew had shipped.' He observes, in regard to the treatment, that it consists in supplying the system freely with protein, by giving freely such vegetables as most abound in it. The vegetable acids and potatoes are the chief means. The basis of the potatoe being starch, he suggests experiments with that substance. He confirms the experiments of Becquerel and Rodier in not having found the blood dissolved.

"Cancer does not affect the sexes indifferently. Mr. Wilkinson King\* gives as the result of post-mortem examinations made at Guy's Hospital, the extraordinary announcement that one-half of the females who die about the age of 44 are subjects of cancerous formations, and of males one-eighth only.

"*Diagnosis in cases of Cerebral Disease.*—Mr. Corfe† says that when the lesion of the brain has been sudden, the eyes are closed, and the patient is insensible; when slow and progressive they are half closed, or wide open, and there is distortion of the features, irregularity of the pupils, dullness of the countenance, and palsy.

"Here the Committee will close their report with a contrasted reference to the opinions of two authorities, high in the estimation of their respective countrymen.

"In discussing the treatment of 'fevers and other diseases having a definite course to run,' Ranking, in his Retrospective Address, speaking of the contributions on the subject for the past year, remarks:—'We may, however, acquire this one idea from their perusal, that these cases *get well* but are not *cured*. Nature is the agent in the benefit produced, and he is the best physician who most clearly acknowledges her power and interferes least with her operations. He is the worst who is ever attempting to force her to bend to the potency of his drugs.' Prof. Dickson, in his beautiful introductory before his class at the University of New York, says, on the contrary, 'Our fevers *will* kill, in a large proportion of cases, if not arrested artificially; our inflammations tend rapidly to disorganization, and our profluvia to exhaustion, among the hardy and hard-living inhabitant of our wide spread territory, with the great majority

\* Med. Gazette, 1845.

† Med. Times, 1847.

of whom we shall not be able to avail ourselves of those all-important adjuvants of a milder and less efficient system of practice, to be found in a well-regulated regimen, judicious nursing, and assiduous care.' ”

The Report on Practical Medicine next follows in order. Dr. Joseph M. Smith, of New-York, was the chairman. This was not read at the Association, for it had not yet arrived, owing to an accident to a steam-boat on the Delaware, but Dr. S. was permitted to make a verbal statement of its contents. This was done in a very impressive and eloquent manner, by the learned professor of the College of Physicians and Surgeons. We find in it the following definition of *contagious, infectious, and meteoratious diseases* :—

“In the observations to which the committee invite the attention of the Association, epidemics are regarded as arising from three general sources, to-wit, *contagion, infection, and meteoration* ; and in accordance with this view of their etiology, they may be divided into *contagious, infectious, and meteoratious*, and defined as follows :

“1. **CONTAGIOUS EPIDEMICS** are those distempers which arise from poisons, generated by specific morbid actions in the human body, and which are communicable from the sick to the healthy by mediate and immediate contact. To this division belong scarlet fever, measles, small-pox, and a few other diseases.

“2. **INFECTIOUS EPIDEMICS** are those diseases which originate from the emanations or miasmata from decomposing organic substances, including the excrementitious or effete animal matters thrown out of the body in health and disease. The disorders referable to this class are intermittent and remittent fevers, yellow fever, typhus, malignant puerperal fever, and some varieties of dysentery and erysipelas.

“3. **METEORATIOUS EPIDEMICS** are those wide-spreading maladies which arise from certain latent influences of the general atmosphere, and which have no special relations or connections with seasons, localities and climates. The most notable examples of this kind are influenza and cholera.

“In respect to these three kinds of epidemics, the following laws are well ascertained :—1. That their prevalence is periodical. 2. That no two of them, belonging respectively to different classes, and the same is generally true of such as belong to the same class, occur to the same extent, in the same place, at the same time. 3. That whenever any of the diseases be-

longing to the several classes prevail together in the same place, they become involved in each other in the order we have arranged them, the first being modified by the second, and both of these by the third, so that one is always predominant, and compels the others to wear its livery. 4. That the same epidemic varies in its character in different years, the modifications depending mostly upon the diversities of the seasons, and the varying influences of the prevailing insensible meteoration, or as it is called, the epidemic constitution of the atmosphere."

Of the late epidemic (typhus or typhoid fever, or ship fever) it observes—

"The condition of the German and Irish emigrants prior to their embarkation, and during their transit of the ocean, was in most instances conspicuously different. Whilst the former were generally robust, and well provided on the passage with the means of subsistence, and observant of cleanliness and ventilation,—the latter were in most cases enfeebled from the want of sustenance, and on ship-board, destitute of supplies of wholesome food, depressed in mind, clothed in filthy garments, and crowded and confined in air rendered pestiferous by the excrementitious matters eliminated from their own bodies. In contrasting the hygienic circumstances in which the two classes of emigrants were placed, it is easy to account for the greater amount of sickness and mortality which occurred in one class than in the other. It is said, that of the admissions of emigrants into the hospitals and almshouse of New York, the Irish exceeded the German in the proportion of about one to nine or ten; and we are told, that the Irish in British ships suffered more than those in American.

"The amount of disease and number of deaths which occurred in emigrant ships, while crossing the Atlantic, are appalling to contemplate. Many thousands perished on the voyage to the United States and Canada. In some ships bound to New-York, from 20 to 30 died on the passage; and in many vessels destined to Canada, the deaths were from 30 to upwards of 100. From one ship, the *Virginia*, bound from Liverpool to Quebec, with 470 passengers, 158 of the number were buried at sea.

"The Montreal Immigrant Committee, in their report for 1847, state, that 'in no year since the conquest has Canada presented such fearful scenes of destitution and suffering. The year 1847 has been unparalleled for the amount of immigration to Canada; near 100,000 souls have left the British isles for these provinces the past year,—over 5,000 of these died on their passage out, 3,389 at Grosse Isle, 1,137 at Quebec, 3,862



at Montreal, 130 at Lachine, and 39 at St. Johns, making in all at these several places 13,815. How many have died in other sections in Canada East cannot now be known, nor, indeed, how many have perished in Canada West; but coupling all those who have perished with those who have passed into the United States, Canada cannot now number 50,000 souls of the 90 odd thousand which landed upon our shores. In sketching a retrospect of these terrific scenes, the Montreal committee forcibly remark—"From Grosse Isle, the great charnel house for victimized humanity, up to Port Sarnia—along the borders of our magnificent river, upon the shores of Lake Ontario and Erie, and wherever the tide of immigration has extended, are to be found the final resting places of the sons and daughters of Erin—one unbroken chain of graves, where repose fathers and mothers, sisters and brothers, in one commingled heap, without a tear bedewing the soil, or stone to mark the spot. Twenty thousand and upward have gone to their graves, and the whole appears, to one not immediately interested, 'like a tale that is told.'"

Dr Smith advocates the identity of typhus and typhoid fever, which we now think is abundantly established.

Accompanying this report is an article, published entire, from Gurdon Buck, Jr., M. D., Surgeon to the New York Hospital, &c., &c. It is entitled *Œdematous Laryngitis*, successfully treated by scarifications of the Glottis and Epiglottis. The subject is also illustrated with four plates. We present our readers one case, with the remarks preceding it, and those also made by the author at the close of the paper:—

"Within the short period of eleven months there were no less than eight cases of this rare disease in the New York Hospital, of which seven occurred between the months of December, 1847, and February, 1848. During this latter period the season was remarkably rainy and wet, accompanied with very little snow, and characterized by the prevalence of erysipelas and typhus fever, as well as an asthenic type in other diseases, both in and out of the hospital.

"More than a year previous to the occurrence of the first of these cases, and without any knowledge at that time of any similar method of cure, having been practised or proposed by others, I was led to the conviction that scarifications of the *œdematous* edges of the glottis, as well as of the epiglottis, might be employed as an effectual means of relief in this formidable disease; and when the occasion presented itself of

carrying into effect these views, the remark was made to my assistants at the hospital, and other gentlemen present, that such had been my convictions, and that the first opportunity had now occurred of applying them to practice.

"The well known fatal character of the disease warranted the trial of any new remedy that afforded a reasonable prospect of benefit.

"In connection with this operation, the employment of the touch was naturally regarded as of great importance as a means of exploring the diseased parts, and thus establishing the diagnosis beyond doubt.

"Though the œdematous swelling of one or both edges of the glottis is the cause of the dyspnœa, from the mechanical obstruction it presents to the entrance of air into the larynx, yet, as will hereafter appear, the epiglottis almost always participates in the swelling, and being within reach of the fore-fingers passed into the mouth, it affords an invaluable means of diagnosis.

"The following is the mode of performing the operation of scarifying, as employed in the cases about to be related.

"The patient being seated on a chair, with his head thrown back, and supported by an assistant, he is directed to keep his mouth as wide open as possible: and if there be any difficulty in this respect, a piece of wood an inch and a quarter in width, and half an inch in thickness, is to be placed edgewise between the molar teeth of the left side. The fore-finger of the left hand is then to be introduced at the right angle of the mouth, and passed down over the tongue till it encounters the epiglottis.

"But little difficulty is generally experienced in carrying the end of the finger above and behind the epiglottis so as to overlap it and press it forwards towards the base of the tongue. In some individuals the finger may be made to overlap the epiglottis to the extent of three-fourths of an inch.

"Thus placed, the finger serves as a sure guide to the instrument to be used, which is represented accurately in the accompanying plate. The knife is then to be conducted with its concavity directed downwards, along the finger till its point reaches the finger nail. By elevating the handle so as to depress the blade an inch to an inch and a half farther, the cutting extremity is placed in the glottis between its edges; at this stage of the operation the knife is to be slightly rotated to one side and the other, giving it a cutting motion in the act of withdrawing it. This may be repeated without removing the finger, two or three times on either side. The margin of the epiglottis, and the swelling between it and the base of the tongue may be scarified still more easily with the same instrument, or scissors curved flatwise may be employed for these parts, guided in the same manner as the knife.

"Though a disagreeable sense of suffocation and choking is caused by the operation, the patient soon recovers from it, and submits to a repetition after a short interval. In every instance the operation has been performed twice, and in some three times.

"Before proceeding to the operation, it has always been explained to the patient, that the seat of his difficulty was a swelling at the top of the windpipe, preventing the air from entering, and the object of the operation was to cut it and let out fluid, and thus give him relief. This explanation corresponds so exactly with his own sensations, which refer to the top of the thyroid cartilage as the seat of obstruction, that he readily submits to the proposed operation, and renders all the co-operation in his power for its performance,

"A slight hemorrhage follows the scarifications, and should be encouraged by gargling with warm water. In one instance the quantity of blood mixed with sputa amounted to half a wine-glassful.

"The first case for employing the operation was the following:

"CASE I. Arthur W. Taylor, seaman, born in New York, aged thirty-one years, was acting as nurse in Ward No. 4, south building, New York Hospital. For two days previous to the 13th of April, 1847, when his case was first noticed he had suffered from painful deglutition, with elongation of the uvula, that kept up a constant tickling sensation—the fauces also presented an inflamed appearance. The epiglottis was seen as well as felt to be swollen. Breathing was difficult, and attended with paroxysms of suffocation.

"A stimulating gargle had been used, and, on the morning of the above date, the uvula had been excised with some relief. Six leeches had been applied over the larynx, and the bites were still bleeding at the time of the regular visit at noon. After exploring the parts with the finger, and ascertaining the existence of swelling of the epiglottis, and also allowing my two assistants to do the same, I scarified the aryteno-epiglottic folds and the epiglottis, partly with scissors curved flatwise, and partly with a sharp pointed curved bistoury, guarded to within one-third of an inch of its point by a narrow strip of adhesive plaster wound around it, and conducted to the parts upon the fore-finger of the left hand, previously introduced at the right angle of the mouth. Two or three repetitions were requisite, at short intervals, to complete the operation. The patient hawked up three or four tea-spoonsful of blood, mixed with mucus, and expressed himself as feeling relieved. Twenty



ounces of blood were drawn from the arm soon after, and grain doses of tartar emetic administered.

"On the following day (the 14th), an improvement in the respiration had evidently taken place.

"On the 15th, respiration was still further improved, the pulse was 84, and soft; patient complained of soreness of the scarified parts. Antimony was stopped.

"On the 17th he was much improved in all respects, pulse 68.

"On the 23d he was discharged cured.

"The question of diagnosis in this disease is one of vital importance, irrespective of the present operation, but in connection with it its importance becomes very greatly enhanced. Without stopping to notice the distinctive symptoms which have been generally regarded as characteristic of this disease, or those of other diseases that are most likely to be mistaken for it, I beg leave to insist upon one sign which is strictly pathognomonic, and does not appear to have been sufficiently appreciated.

"I refer to the swelling of the epiglottis as ascertained by the touch. The discovery of it, according to Bayle, *Dic. des Scien. Med.*, tome xviii., p. 507.) is due to M. Thuillier, who proposed it in a thesis sustained before the Faculty of Medicine in Paris, in 1815. The value of this sign will be admitted if we consider how frequent the swelling of the epiglottis co-exists with that of the glottis. Bayle, (*loc. cit.*), who dissected more than seventeen cases of this disease, says, 'the epiglottis is rarely intact, often it is very much swollen at its edges.' Ryland says, (*loc. cit.*, p. 48,) 'The œdema is seldom confined to these localities, but extends to the base and lateral edges of the epiglottis, &c.'

"Among seventeen cases collected from different sources, and in which the condition of the epiglottis was ascertained, either by dissection after death, or by the touch or inspection during life, swelling was found in fifteen. Of the eight cases reported in this paper, the epiglottis was found swollen in seven, and in the remaining one there was no evidence that it was not swollen.

"This swelling takes place either at the margin on one or both sides of the median line, or on the lingual surface of the epiglottis at its base, filling up one or both depressions between it and the tongue, and obliterating the central glosso-epiglottic frænum.

"It conveys to the touch the sensation of a soft pulpy body, easily recognized and distinguished from the stiff rigid swelling of these parts in membranous laryngitis.

"The facility of ascertaining the condition of the epiglottis

with the end of the fore-finger, not only by placing it in contact with its anterior surface, but by passing over its upper edge and applying it upon its posterior surface, has been already noticed.

"To test this question still further, the experiment has been repeated in at least twelve individuals, and in all with success, though not with equal facility. In some these parts were easier of access than in others, but in none did the experiment fail.

"In the exceptional cases where the epiglottis is not found swollen, the edges of the glottis may be brought more within reach by pressing up the os hyoides with one hand applied externally over it, and acting from below upward, while the fore-finger of the other hand is introduced as directed into the mouth.

"Should this not accomplish the object, the fore and middle finger may be thrust far back into the pharynx, as is required for the removal of a foreign body lodged in the throat.

"In all the five cases treated by scarifications, it will be remembered that the test of touch was applied, not only by myself, but by one or more of my colleagues, or assistants, and thus the diagnosis of the disease was established beyond doubt.

"To those who have encountered this formidable disease, this subject will possess peculiar interest; and the remedy proposed, perhaps, may be hailed by them as a valuable improvement in the healing art.

"Time and experience alone can determine this question. To this test I desire to subject it after having, as I believe, faithfully recorded and made known the results of my own experience.

"In conclusion, I desire to express my grateful acknowledgements to Drs. R. K. Hoffman and John A. Swett, my highly esteemed colleagues at the New York Hospital, for the opportunities they kindly afforded me of applying the new treatment upon their patients, and also to my pupil Mr. Moreau Morris, for the accurate and beautiful drawings accompanying this paper, and so indispensable for its illustration.

"NOTE.—Since this paper was laid before the American Medical Association at its recent meeting, I have had access to Valleix's work, entitled *Guide du Médecin Practicien*, tome i. p. 481, Paris, 1842, giving a detailed account of M. Lisfranc's operation, respecting which it seemed doubtful, from the very slight notice taken of it by early authorities, especially Cruveilhier, whether it had ever been performed. M. Valleix says, 'M. Lisfranc (*Mém. sur l'Ang. Laryng. Œdem. Journ. Gén. de Méd.*, tome lxxxiii., 1823,) first conceived the idea of evacuating by means of incisions more or less numerous, the serous or sero-purulent fluid engorging the submucous tissue of the larynx.

This surgeon cites five cases in which this operation was followed by an immediate change, and subsequently by a complete cure. In a sixth case, several similar operations at variable intervals acted only as palliatives. Extensive lesions of the larynx existed, which at length caused the death of the patient.

"The following is M. Lisfranc's method of scarrifying the larynx. 'Take a long narrow-bladed slightly curved bistoury in a stiff handle, protected with a strip of linen to within half an inch of the point. Let the patient open his mouth wide, and have the jaws kept apart by means of a cork placed far back between the molar teeth, one end of the cork being held by an assistant. The patient being placed in front of the operator with his head supported against the breast of an assistant, pass the index and middle finger of the left hand into the mouth till they reach the swollen edges of the larynx, glide the bistoury flatwise upon the finger, holding it as you would a pen. On reaching the larynx, direct the edge forward and upward, then after having elevated the handle depress it gradually, at the same time pressing gently upon the point. At first, a few punctures only should be made, as by the aid of pressure two or three small incisions are sufficient. They may easily be multiplied in the same way if judged necessary.

"These scarrifications, says M. Lisfranc, produce a flow of the infiltrated matter and sometimes a slight oozing of blood, which effects a salutary disgorgement. The cough excited by a few drops of serum falling into the larynx, contributes much to diminish the swelling. The immediate beneficial results of these scarrifications might be partially defeated, by their occasioning more or less inflammation of the larynx and surrounding parts. In such a case recourse must be had to general or local bleeding, which would soon disperse this traumatic inflammation."

"It appears also, from M. Valleix's statement, that Professor Marjolin has lacerated the œdematous edges of the larynx with a piece of althea root, and M. Legroux with the nail of the index finger sharpened for the purpose, and both with success."

[To be concluded in February No.]

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*New Operation for the Radical Cure of Varicocele.* By S. D. GROSS, M. D., Professor of Surgery in the Medical Department of the University of Louisville. (American Journal of Medical Sciences.)

The following operation for the radical cure of varicocele I have performed eight times within the last few years. The



patients were all young men of good constitution, and they all recovered without a single bad symptom. The cure, so far as I have been able to learn, promises to be permanent in every instance.

During the operation the patient may lie down, sit in a chair, or stand up, as may be most convenient. The scrotum, previously divested of hair, is rendered tense by grasping it behind with the left hand. A vertical incision, scarcely an inch in length, is made over the anterior part of the tumour, down to the enlarged veins, which are next carefully isolated from the accompanying duct, artery, and nerves, by a few touches with the point of the scalpel. This constitutes the first step of the operation. The second consists in passing a short, thick sewing-needle—a No. 1 of the milliner, underneath two or three of the larger trunks, and winding around it a stout thread, either elliptically, or in the form of the figure 8. The ligature is drawn with great firmness, so as to indent the coats of the vessels, and put an immediate stop to the circulation. The operation is finished by closing the wound carefully with one or two twisted sutures, or a few strips of court-plaster. The patient is now put to bed, the scrotum is supported with a silk handkerchief, and light diet is enjoined. At the end of twenty-four, or, at most, thirty-six hours, the blood in the constricted veins is sufficiently coagulated to justify their division, and the removal of the needle. This is readily effected by insinuating a narrow, sharp-pointed bistoury underneath the vessel, with its back towards the needle.

Should symptoms of inflammation arise after the operation; or, in other words, should the parts become red, tender, and swollen, recourse must be had to antiphlogistics, and to the application of cold water, or solutions of acetate of lead and opium. The patient may usually sit up in five or six days, and in a few more he may be permitted to walk about. The little wound soon cicatrizes; and the induration, caused by the coagulation of the blood between the testis and the seat of the constriction, gradually disappears by absorption. The period required for this rarely exceeds a month.

The advantages of the above operation are, first, its perfect simplicity and the facility with which it may be executed; secondly, its freedom from pain and hemorrhage; thirdly, the certainty with which we may avoid injury to the spermatic artery, duct, and nerves; fourthly, the little inconvenience or suffering which the patient experiences after it has been performed; and fifthly, the rapidity of the cure. These considerations will, I think, be found sufficient to recommend this method to the favourable notice of practitioners. Most of the opera-

tions described in the books are complicated, severe, and dangerous.

It occasionally happens in this affection that the scrotum is very flabby and pendulous. When this is the case the cure will hardly be complete unless the surgeon retrenches the redundant structures. I have been obliged to resort to this expedient only once in my operations. A portion of scrotum, nearly of the size of a large hand, was excised with the scalpel, and the wound closed by the continued suture, which I consider far preferable, under such circumstances, to the interrupted or twisted.

*Louisville, Ky., July, 1848.*

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*Cases of Pneumonia Typhoides; with Remarks on the Use of Acetate Plumbi, in this Affection.* By MOSES C. HASBROUCK, M. D., of Rockland Co., N. Y.

To the Editor of the New York Journal of Medicine:

DEAR SIR,—I send you the notes of three cases of pneumonia typhoides, or of what I am in the habit of terming “asthenic pneumonia.” They are intended to show the beneficial influence of acetate of lead, and if you deem them worthy of publication you will oblige me by giving them a place in your Journal.

CASE I. Mr. G. S., aged 38, of sanguine temperament and good constitution, after a day’s ride, exposed to a cold and damp atmosphere, went to bed with a severe chill, violent headache, severe pain in the back and limbs, and soon after he became delirious. I saw him eight hours after the attack, and found him with a rapid and feeble pulse, constant delirium, and with the whole surface of his body and limbs bathed in perspiration. He was also expectorating profusely a sero-mucous fluid of a brick-dust color. His tongue was clean. His right side from the spine forwards, and the scapula and axilla downwards, to the border of the ribs, gave out minute crepitation. His bowels were loose.

R. G. Opii, grs. iv.  
Calomel, grs. viij.  
Tar. Emetic, gr. j.

M. f. in Pulv. viij., one of these to be given every third hour.

These powders with slight modifications to suit occurring symptoms were continued until the morning of the third day, when it became evident that unless something was ordered to check the inordinate perspiration and expectoration, which

still continued, the patient must sink. Bronchial breathing had taken the place of the crepitus, and the prostration was great. Acetate of lead was now given, combined with suitable doses of calomel and opium. In less than thirty-six hours, the perspiration and expectoration were reduced to an ordinary quantity; the pulse was below a hundred, and the delirium gone. Crepitant râle in right side returned. The gums had the blue border, and gave slight evidence of the action of calomel; convalescence was almost or quite established.

CASE II. Mrs. H., aged 45, of feeble constitution, had been frequently sick, and was at the time of the attack worn down by nursing. She was taken with a chill, followed by severe headache and neuralgia, pains of the back and limbs, and a violent lancinating pain in the left side near the border of the ribs extending thence to the shoulder of the same side. She had a dry cough with trifling frothy expectoration, pulse 120 and feeble, tongue slightly coated white, and moist, skin hot and dry. Percussion clear and a perfectly natural, vesicular murmur. Two days after plueritis extended to the lungs proper; the pain abated and a brick-dust colored expectoration appeared. Uterine hemorrhage also set in, not profuse, but sufficient to increase rapidly the debility. To check this hemorrhage, rather than with a view to operate on the pulmonic inflammation, I gave acetate of lead, two grain doses, every four hours, united with calomel and opium, which she was taking. The next day the hemorrhage was less, but not entirely arrested, and all the other symptoms decidedly better; and what may be particularly mentioned, the skin was moist. The following day, slight effects of calomel and lead on the gums were evident; continuing the same medicine in diminished doses, convalescence was established, accompanied with a very sore mouth.

Observing the sudden effect of the lead here, and reflecting upon it, in connection with the case of Mr. G. S., I resolved to give it a trial in the next case which might occur, even should there be no excessive evacuation which it might be desirable to arrest; solely with a view to its alterative effect upon the capillary structure.

CASE III. Mr. P. W., a young man of good constitution, sent for me at 6 A. M., the 12th February last. He was taken the night before with a chill which lasted an hour, which was followed by heat and pain in the right side, near the border of the false ribs. He had complained of severe pain in the head also, but was now delirious. His pulse was 120 and feeble,



tongue coated with a thick yellowish coat, and moist, skin hot and dry; he had vomited a number of times and had frequent discharges from the bowels; coughed frequently without expectorating. His breathing was oppressed, his countenance contracted, eyes icterode and dull. Râle crepitans over the right latteral region of the chest.

R. Tar. Emetic, gr. ss. }  
Sulph. Magnesia, 3 ss. } Once in four hours.

The next day's report was, that he had not vomitted since he took the medicine, and his bowels had moved twice only. Delirium continued, pulse 110, and skin moist, slight dulness on percussion, and tubular breathing had taken the place of the crepitus. Same medicine continued.

14th. All was worse, constant delirium; the eyes had the peculiar typhoid stare; coughed little, expectorated nothing; pulse small and 130, skin dry.

R. Calomel, gr. ss. }  
Pulv. Ipecac, and Opii, aa gr. ss. } Every four hours.

16th. No amendment.

R. Calomel, gr. j. }  
Opii, gr.  $\frac{1}{4}$ . } Every two hours.  
Camphor, gr. ij. }

16th, 10 A. M. Still worse, no cough, rapid bronchial breathing of the "blowing kind," quite up to the scapula and clavicle. I now added to the last prescription two grains of lead, every two hours.

17th, 9 A. M. When I entered the room this morning, he looked up, and with a natural expression of countenance, and in a perfectly rational manner, jocosely asked me whether I was trying in how short a time I could treat a man to death. And he was sweating profusely, with pulse down to 100, and breathing comparatively easy. Cough had returned also, with a free expectoration.

On the 18th the gums were slightly affected, and a rapid convalescence followed.

We are aware that the recovery of three patients from attacks of severe inflammation during the use of acetate of lead, stated as a simple, isolated fact, can be of but little value. But if these cases, in their symptoms, all point to a certain pathological condition, state, or stage of disease, in which the ordinary remedies seemed to lack power to effect a favorable change, and which change seemed to be produced by lead; and if to this fact we can add a rational explanation, founded upon an analogous operation of lead in other diseases, we certainly go as far as three

cases, under any circumstances, can enable us to go, in establishing a principle.

Those who are familiar with the "First Principles of Medicine, by Archibald Billings;" and, I should say, assent to his views of the nature of inflammation—that is, that the proximate cause of inflammation is a relaxation of the capillaries, and that sedatives, (antimony and neutral salts,) as well as alterative, are absorbed, and thus brought in contact with these vessels, and through an operation on their nervous tissue, cause their contraction—will have but little difficulty in understanding the rationale of the operation of lead in low grades of inflammatory action. They will at once recognise, in the foregoing cases, an extreme relaxation of capillaries, (it was so great in the first two, that the fluids ran out, as it were, of their open extremities,) and they will at once impute the sudden and remarkable change to the well-known astringent properties of lead.

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*Scrofula—its causes.* By Dr. KING. (Med. Gaz. in Braithwaite.)

The following propositions laid down by Dr. King are illustrated and supported by numerous facts:—

*Prop. 1.* The grand source of scrofula is the direct hereditary principle.

2. Scrofula is also hereditary in the collateral branches when it is latent in the direct ones.

3. When second marriages take place, if both parents are healthy, the children will be unhealthy; if either parent be scrofulous, the children will be scrofulous.

4. Persons who have been scrofulous in youth may appear to have been cured, and to have got into good health, but the constitutional taint remains, and the children will be scrofulous.

5. Phthisis is a form of the scrofulous constitution, and its most fatal form. It is the great sledge-hammer. Sydenham had advanced so far in pathology as to call phthisis, "scrofula in the lungs." Portal was of opinion that congenital phthisis, "phthisie d'origine," was scrofulous. Bayle and Laennec say the same; but less decidedly, which to our eyes appears strange. An eminent writer of the present day may be quoted as a proof that medical men have not at present very clear ideas upon this subject. He says scrofula is a form of cachexia—*i. e.* cachexia is the cause of which scrofula is the effect. It would be more correct to say, scrofula or the scrofulous constitution, is the cause of which cachexia is the effect. Cachexia is a form of scrofula. Cachexia has many causes, of which a very important one is scrofula.

6. Scrofula and phthisis co-exist in the same family. More than half the scrofulous patients have parents or ancestors who died of phthisis. Of 84 cases in the hospital of St. Louis, at Paris, more than half had consumptive parents. All the patients in the hospital at St. Louis who died of the various forms of scrofula, had tubercles in the lungs. They often recover from the other forms of scrofula, and then die of phthisis; and for this reason the most experienced medical men are very cautious in their mode of curing local scrofulous affections, for fear of metastasis to the lungs. They always endeavor to do it upon an alterative—*i. e.*, a constitutional principle; so that the cure may be the effect of an improved constitution, and the improved constitution the effect of the treatment.

7. Persons who are scrofulous in youth sometimes become strong after puberty; but the taint remains, and the children are scrofulous.—The parents try to conceal the scrofula of their youth, which makes it difficult for the physician to trace the constitution of the child.

8. Persons who do not appear to be scrofulous themselves, but whose brothers or sisters are so, have scrofulous children. The family taint seems to pass through them to the children.

We shall now endeavor to point out certain causes which seem to originate scrofula, or the scrofulous constitution, or poison, independent of hereditary taint.

*Cause 1.* The first cause is syphilis; which, in many cases, is obvious; and in others, when the parents conceal it, it can only be inferred. If a parent has had both syphilis and scrofula, the poison is doubled. The eruptions, ophthalmia, ulcerations, and caries, of the two diseases, are often very similar; but, as syphilis is cured by mercury, and scrofula not, the result of treatment is a sure test of the nature of the disease. Syphilis is accidental, contagious, and curable. Scrofula is constitutional, not contagious, and incurable, or, at least, difficult of cure. Scrofula always existed. Syphilis did not exist in Europe till about A. D. 1500. The disease derived from syphilitic parents is not primary but secondary syphilis, syphilitic cachexia, or scrofula. Spain has been overrun by this disease subsequent to the introduction of syphilis. The antiphlogistic treatment of syphilis, instead of the mercurial, is a cause of scrofula, because the cure has not been radical.

*Cause 2.* The second originating cause of scrofula is the excessive abuse and indulgence of the sexual instinct. One instance will illustrate the principle:—All the children of a family had scrofulous affections: hæmoptysis, ophthalmia, pulmonary tubercles, worms. One little girl had abscess in the left sub-maxillary region, was of pallid complexion, with large



mouth and decayed teeth. The chief cause appeared to be the early sexual dissipation of the father. Cases like this, as well as those which are of syphilitic origin, illustrate the remarkable and forcible expression of Job, (c. 20, v. 11) "his bones are full of the sin of his youth." This is one of the many ways in which wealth may prove a curse. Wealth is power, and the first tendency of power is to abuse itself, in all the modifications of which that power is susceptible.

*Cause 3.* A third originating cause of scrofula is *premature indulgence of the sexual instinct*, and *premature marriage*. If the offspring are to be healthy, strong, and vigorous, no man ought to marry before the age of 25. The secretion of the seminal fluid, like all other parts, is and must be subject to laws which decide its health and vigor. The secretion should not be too rapid or frequent, and it should also be spontaneous, *i. e.*, the natural effect of a healthy organism, and not of a mere mental action or effort of imagination.

*Cause 4.* A fourth originating cause of scrofula is marriage *too late* in life. The debility produced by early sensuality may be in some measure remedied by moderation, restraint, and time, by change of mind, thought, imagination, desire, and intellectual occupation. But the debility produced by old age can never be remedied. The generative faculty is said to begin to decline about the age of 45, which may be called its culminating point. It then begins to decay slowly at first, and more rapidly afterwards. Those who marry late in life may have one or two children strong, but every child is weaker than the preceding ones, and the youngest are the weakest. The old man's child has become a proverb for visible debility stamped upon its physiognomy. Many of them die at birth. Some are precocious in childhood, and then suddenly fade, and become effete and stunted, like the withering and dropping off of fresh fruit in autumn;—they are born out of season. The period of weak fecundity in woman commences about forty. After this time pregnancy is often a delusion, or there is imperfect conception and miscarriage, or the child perishes at birth, or, if reared it is delicate and scrofulous.

*Cause 5.* A fifth originating cause of scrofula is disproportionate age and unequal vigour. When the father is younger than the mother, it may be a cause of scrofula.

*Cause 6.* A sixth originating cause of scrofula is paralysis, epilepsy, lunacy, and other diseases of the brain.

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*On Treatment of Ganglion.* By BRANSBY COOPER, Esq., F. R. S.  
(Med. Gaz., in Braithwaite.)

[After alluding to the usual plan of giving a ganglion a sharp blow with the back of a book, and to the fact that the walls of the cyst are sometimes too dense to be ruptured without employing a dangerous degree of force, Mr. Cooper, says,]

I think it a better plan to pass a couching needle beneath the skin, introducing it at some distance from the ganglion, and after puncturing the sac in several places, to press the synovial fluid into the cellular tissue; pressure must be applied to the part, and a splint then adjusted, to insure perfect quiescence of the wrist-joint. The smaller description of ganglia which sometimes occur on the palmar surface of the hand, at the extremity of the metacarpal bone, cannot be subjected to similar treatment to that just detailed, but must be punctured directly; the small quantity of synovia they contain being expressed from the opening.

In certain situations in the body it is extremely difficult to form a diagnosis of *bursæ mucosæ*; they are sometimes so hard as to be mistaken for small exostoses; and, by the enlargement of the bursa, between the latissimus dorsi muscle and the inferior angle of the scapula, a tumor may be formed, which might be readily mistaken for chronic abscess, steatoma, or even malignant disease; but a surgeon conversant with the character of ganglia in their natural state, would soon discover the real cause of the swelling.

On the feet, and more particularly on the inner side of the root of the great toe, an adventitious bursa, termed a bunion, is very frequently formed; it is produced by tight and ill-made shoes, which force the great toe into an unnatural position, out of the line of the axis of its metatarsal bone, and under the other toes, in such a manner that the bone of the first phalanx presses forcibly on the capsular ligament of the joint, and induces the inflammation and acute pain inseparable from this distortion. Unless the deformity be remedied, the continual pressure of the bone tends to increase the inflammatory action, and ulceration would be the ultimate result, were it not for the compensating provision of nature, which leads to the formation of a ganglion between the capsular ligament and the skin. If, however the pressure be still continued, it may induce inflammation of the adventitious bursa, and an inflamed bunion is the consequence; this so completely cripples the sufferer, and the pain is so excessive, that surgical aid is here usually sought, although, however, various mechanical contrivances have been proposed, and also many different kinds of plasters, the objects of all being to remove the pressure which has been the original cause of

the disease. No treatment can prove successful, unless the great toe be restored to its natural relative position parallel with the others, and the most simple and effectual means of effecting this, is the one adopted by my colleague, Mr. Key; he recommends that the stocking of the patient should be furnished with a division or compartment, resembling the finger of a glove, to receive the affected toe, a similar compartment being also constructed in the inside of the shoe; into these the toe passes, and is preserved in a direction parallel to that of the others; but it may be necessary before resorting to the use of this contrivance to subdue the local inflammation by the application of leeches, blisters, or evaporating lotions.

A ganglion on the dorsum of the foot or instep, sometimes produces even a more serious form of the disease than the bunion. It may cause contraction of the extensor tendons of the small toes, permanently extending the latter, so that the whole of the weight of the body falls during progression upon the first phalanges, in which situation ganglia are found precisely similar to that just described as occurring at the point of the great toe. If these become indurated by neglect or continual pressure, so that the effused contents cannot be let out by puncture, the only alternative left to the surgeon is to divide the implicated tendon or tendons, so as to relieve the permanent extension of the phalanges, and to restore the toes to their natural position. I have known exfoliations of the phalanx to occur as the result of this affection, but immediately upon the removal of the exfoliating bone, the deep ulcer which had been produced in the sole of the foot, healed, and the patient at once recovered.

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*Enlarged Prostate Gland.* (Dublin Quarterly Journ.)

Dr. Mayne presented a recent specimen of diseased prostate gland, taken from the body of a man aged 72, who lately died of dysentery in the Hospital of the South Union. The prostatic disease, under which he had laboured for a considerable period, was attended by the ordinary symptoms, but towards the close of the case it was marked by the occurrence of some uncommon circumstances, which induced Dr. Mayne to lay the specimen before the Society. This patient frequently suffered retention of urine, occurring at intervals of three or four weeks, easily relieved by the catheter, and again brought on by exposure to cold, by any irregularity of habits, and very often by permitting the bladder to become too much distended; he was in the habit of occasionally absenting himself from the work-house on leave, and was always observed to return suffering



from retention. In June last he had gone out, as previously, on leave; he was absent much longer than usual, but when he returned he was not suffering from retention. This excited some curiosity, and being questioned, he acknowledged that, immediately after he had gone out, he was attacked by the complaint, and, not wishing to return so soon, he had applied to a medical practitioner, who proceeded to relieve him by introducing a catheter. This he described to have been effected with great difficulty; that blood flowed away before the urine began to be discharged, and that he was directed to retain the instrument in the bladder for some days. The result was that from that period to his death, an interval of about seven months, he had no return of the complaint. So pleased was he with this, that he used to contrast very unfavourably the medical practice of the hospital with that of the surgeon, by whom he said he had been perfectly cured at once.

Upon examination after death the prostate was found enlarged in all its lobes; the third lobe projected from behind forwards, and a false passage had been effected through it, which had become established as a new portion of the canal for the passage of the urine, which had continued to be discharged by it.

Dr. Mayne observed that Sir B. Brodie had advised the use of force in passing the instrument in cases of this kind. He says, "When your efforts to introduce the catheter have been unavailing, when you feel the point pressing against the tumour of the prostate, and unable to pass over it, apply some force to the instrument at the same time that you depress the handle. It will generally penetrate through the prostate, enter the bladder by an artificial opening, and relieve the patient, and, of course, continue to relieve him, if you allow it to remain in the bladder."

Dr. Mayne observed, that the result of the case he had laid before the Society, whether the practice was designed or accidental, confirmed (as far as one case could) the propriety of the advice given by Sir B. Brodie.—*January 23, 1847.*

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### PART III.

### Monthly Periscope.

*Fasting for forty-three Days and five Hours.*—The following remarkable case is furnished in a letter to the Editor, from Dr. W. V. M. Edmondson, dated East New Market, Md., Dec. 2, 1848.

"A gentleman in this vicinity—John Stevens, of Luke—died on the 25th of October, aged 85 years and 3 days; having eschewed all nourishment (except air and water) for the preceding 43 days and 5

hours. His bowels were moved, for the first twenty days, once; the next fifteen days, twice; the remaining eight days, three times. He was indisposed some ten days prior to the period referred to. He was sensible to the last, and died without a struggle. Habits industrious, frugal, and temperate.”—[*Boston Med. and Surg. Journal*.

*Unsuccessful attempt at Poisoning with Pounded Glass.*—We make the following extract of a letter from our intelligent correspondent, W. K. Bowling, M. D., of Adairville, in this State, dated October 15, 1848.

“Mrs. C., of this village, in her attentions to her child, about nine months of age, after a discharge from its bowels, discovered some particles of glass adhering to its nates. Becoming alarmed she sent for my partner, Dr. Poor, who, upon his arrival, had the feces washed, and procured more than a tea spoonful of powdered glass. He gave the child a dose of castor oil, and superintended in person the washing of the discharges as long as any glass was found in them, and procured by weight *eighty grains!* The glass had been irregularly powdered, and exhibited fragments of every size from a grain of wheat to the finest sand. The child showed not the slightest indisposition, and remains perfectly well up to the present time, (five days) since the last glass was discovered in its discharges.

“I have thought this case worthy of preservation for two reasons:—1st. Because physicians rarely have an opportunity of witnessing the effect of pulverized glass upon the gastro-intestinal mucous membrane of man. 2d. Because the case appears to demonstrate that this substance does not exercise any deleterious influence.”—[*Western Jour. of Medicine and Surgery*.

*Contrast of the Symptoms produced by Prussic Acid and Opium.*

PRUSSIC ACID.

The symptoms begin immediately or they may be delayed only a few minutes.

Hence coma is speedily induced, and is seldom delayed beyond two minutes.

Convulsions occasionally.

Pupil usually dilated.

Respiration varies.

Pulse imperceptible.

Little if any tendency to vomiting.

Terminates within an hour.

OPIUM.

The symptoms do not begin immediately, there being an interval of ten, fifteen, or thirty minutes.

Hence coma comes on gradually, and is seldom seen until after the lapse of a quarter of an hour.

Convulsions rarely.

Pupil most frequently contracted.

Breaths slowly and almost imperceptibly.

Pulse full, slow, rarely frequent.

Greater tendency to vomiting.

Terminates within 6 or 12 hours.

[*British American Med. Journal*.

*Nitrate of Silver in Mercurial Ptyalism.*—Numerous have been the remedies proposed in severe salivation, but none of them is so effectual as we could wish. The nitrate of silver is now advocated as

a powerful curative agent in the mercurial ptyalism, by M. Bouchacourt, in the *Journal de Médecine de Lyon*. He narrates a case in which almost all the known agents had been vainly resorted to, but upon the use of a solution of the nitrate of silver, rapid recovery took place. The solution was made of the strength of one part of the salt to sixty of water, and was applied to the mouth and tongue by means of a staff covered with lint. Its application caused at first some pain, particularly where there were aphthous patches, but in a few minutes great relief was experienced, and the patient was able to sleep—the refreshment of which he had been robbed for four nights. For the two or three following days the lotion was applied twice daily, and about the fourth day all inflammation had subsided.—[*London Lancet*.

*Case of Separation of the Stomach from the Œsophagus.* By THOS. M. FLINT, Student of Medicine in the Jefferson Medical College. (Communicated by Prof. Dunglison.) Prof. DUNGLISON: Dear Sir,—By your request I furnish you the particulars of the case in which softening of the stomach was found to have occurred. The attending physician, who is a respectable graduate of this school, has given me the following statement of facts: “The patient was a male child, aged seven years; sick about three weeks; symptoms of worms were prominent—one was passed; cerebral symptoms followed, which terminated in death. Coma and unconsciousness were prominent symptoms for ten days previous to death. When roused from this state, he would eat a small quantity of gruel. He was treated for worms and cerebral symptoms.

On the 4th inst., thirty-six hours after death, I opened the body in the presence of the attending physician and a member of this class. We carefully examined the intestines, beginning at the rectum and tracing the tube up to the connection of the duodenum with the stomach, without meeting with a worm of any kind; but noticed marked inflammation of the small intestines. We next directed our attention to the stomach itself, which, to our surprise, was found to be severed from its connection with the œsophagus, and its contents, a dark-brownish mucilaginous-like fluid, poured out into the cavity of the abdomen to the left of the spinal column. We were not prepared to meet with a lesion of this character, and could account for it only by the action of the gastric acids producing *remolissement* of this organ after death. In this opinion we were confirmed by the appearance of the liver; for beside evident marks of acute inflammation the inferior edge of the left lobe, which had been in contact with the gastric fluid, was corroded and corrugated.

That you may have the opportunity of examining the case, I herewith deliver to you the stomach and liver taken from the patient at the post-mortem. Respectfully yours,

Philadelphia, Nov. 7th, 1848.

THOMAS M. FLINT.

[*Med. Examiner*.

*The Treatment of Onychia.*—Onychia forms about the root of the nail, detaches the nail from its living connexions, but still the parts are not



robbed of the power of keeping up its growth. This is a most painful state of things; and in the usual method of treating the complaint, a most torturing operation is resorted to, that of cutting or tearing off the portion of the nail. All this pain the patient may be saved, by first getting the fingers as quiet as possible, by soothing measures; when this is done, to insinuate a shred of lint, by means of a probe, hammered flat, so as to pass this small portion as far as it can go between the sore structure and the surface of the nail; and if this piece of lint be moistened with a weak solution of nitrate of silver, the beneficial effect will be apparent in twenty-four hours. The sores will heal quickly, and the pain will be subdued. The simple lint should be kept insinuated for some time, even after the sore is healed. The nail will grow to its usual length, and the hollow sore will be filled up before long.—[*Vincent's Surgical Operations, in Ranking.*]

*Enormous Abdominal Tumor.*—A man died recently at Oswego, from whose abdomen was taken, after death, a tumor which weighed 114½ pounds. The patient, a man of rather intemperate habit, received from some cause, a strain about two years since. Soon after, his abdomen began to increase in size, until it measured, six feet eleven inches in circumference. It was supposed to be encysted dropsy, but upon examination was found, we should judge by the description, to be of that variety of carcinoma, known as *colloid*.

[*Boston Med. and Surg. Journ.*]

*Perforation of the Skull with an Iron Bolt.*—Newspapers have been circulating the story of a shocking accident which occurred at Caven-dish, Vt., where an iron bar, one inch and a quarter in diameter, and nearly 3 feet long, was actually driven through a man's skull, and passed off many rods beyond. Strange as it may appear, the facts, as related, are true. The man is living, and walks about the house. All the particulars of the case are preparing for publication in this Journal, by Dr. Harlow, the attending surgeon, who writes, under date of Nov. 20th, "The notes of my case of injury of the head will be ready in a few days. A sinus under the frontalis muscle is now nearly healed."—[*Boston Med. and Surg. Journal.*]

*Gutta Percha as a Splint in Club Foot.*—Mr. Lyon mentions the successful application of this article used as follows in the treatment of club foot.

"After dividing the tendo-Achillis, a procedure not always required, the limb is wrapped in a bandage of gutta percha, of the thickness of a penny piece; softened with hot water, the bandage is applied as is customary with the common roller. The limb being thus encased in gutta percha while it is still soft, it is restored to its proper form, and held for a few minutes until the bandage become perfectly hard, when the foot is retained in the required position."—[*London Lancet.*]

*Prediction of the Anæsthetic Condition during Delivery*—by the late

Dr. RUSH.—“I have expressed a hope in another place, (*Medical Repository*, vol. iv.), that a medicine would be discovered that would suspend sensibility altogether, and leave irritability, or the powers of motion, unimpaired, and thereby destroy labour-pains altogether. I was encouraged to cherish this hope, by having known delivery to take place, in one instance, during a paroxysm of epilepsy, and having heard of another, during a fit of drunkenness, in a woman attended by Dr. Church, in both of which there was neither consciousness, nor recollection of pain.”—[*Dr. Channing, of Boston*,

*On the Treatment of Psoriasis, &c.* By Dr. ROMBERG, Berlin.—In psoriasis inveterata, Dr. Romberg found the aqua picea, or aqua picis liquidæ, to effect a cure when all other means failed. The aqua picea was prepared by pouring a quart of cold water over a pound of pitch, and leaving it to stand for twenty-four hours in a cool place, and a “beer-glass” (about four ounces?) of the water filtered through paper, is to be taken every morning fasting, and the parts affected to be bathed with it twice or three times a day. Its use may be continued for months, the only apparent effect resulting being slight diuresis.

[This is an old English remedy, and has been used in ichthyosis.]

[*British and Foreign Rev. Braithwaite's Retrospect.*

*Cholera in England.*—The total number of cases of cholera already reported from its first appearance, has now reached 1039, of which 533 have proved fatal, and 331 are still under treatment. During the last week, the number of deaths reported in the metropolitan districts was 62; and we think, judging from the daily reports at present, that the number this week will range about 60, although the daily returns since Monday show a decided improvement. On Monday the metropolitan cases amounted to 18, but on Tuesday they declined to 6, one of which was fatal; and on Wednesday, to 4, but three of which were fatal. The improved state of the weather may have conduced to this result. From the Provinces, the daily returns appear without any cases reported. In Edinburgh, the malady still prevails to some extent,—the new cases are scarcely ever under twenty daily; the deaths are from five to ten daily. The official returns of the Registrar-General, for the week ending the 11th inst., only show an excess of eleven above the average weekly returns of the preceding five years within the bills of mortality. (The above is abridged from the latest accounts in the English papers.)—[*Boston Med. and Surg. Journ.*

*Larvæ of Flies ejected from the Stomach.* Mr. Editor,—The two creatures enclosed in this little box were thrown from a man's stomach, four weeks since, in the act of vomiting. The man is represented to be of “middle age,” of a hardy, robust constitution, and in his ordinary health. Although not an intemperate man, in the usual acceptance of the term, yet he occasionally drank a little spirit, and it was “immediately after drinking a tumbler of hot gin sling,” that he was taken with nausea and vomiting, and threw up these animals, if

animals they be. They have been kept during the four weeks in a dry pill-box made of pasteboard, and yet one of them is still *alive and kicking*. I have transferred them to another box, and protected them with a lock of moist cotton to secure them from harm on their way to Boston. They were presented me by Dr. Grant, of Ossipee, a member of our Legislature now in session in this town, who will be pleased to answer any inquiries respecting the case. If the little one should be as active when you obtain him as he is now, I think you will consider him, as I certainly do, a queer fish to be derived from such a source.

Very respectfully, THO. CHADBOURNE.

Concord, N. H., Dec. 4th, 1848.

Immediately on the receipt of the box containing the larvæ, one of which was alive, we called on Augustus A. Gould, M. D., the distinguished entomologist, for his opinion in regard to them—and he has kindly sent us the following note.—Ed.

Dear Sir.—The animals you left with me are larvæ of a large fly (*syrrhus* ?), which live in the water. They are familiarly called *rat-tailed worms*. The rings of the tail are constructed to push out, like the joints of a telescope, so as to reach the surface of the water, and thus accommodate themselves to different depths. Through this tube they draw in air, and the end is protected by a circlet of hairs to prevent foreign substances from entering the tube.

Respectfully, AUGUSTUS A. GOULD.

Boston, Dec. 6th, 1848.

[*Boston Med. and Surg. Journal.*]

*Wonderful Effects of "Calcareæ Carbonica" Homœopathically used.*

"A young lad, aged fifteen, extremely psoric, had remained exceedingly small and thin; his limbs were very slight, and his head too large for the rest of his body. He suffered from violent headaches when making any mental exertion; in his childhood he had suffered from feebleness of the limbs; he was very timid, especially at night; he could not bear to be left alone in the dark. Two doses of *Calcareæ* at forty-five day's interval, after one dose of *Sulphur*, brought about such a favorable change in his constitution, that, in *six months*, his height, which had hitherto increased only from six to eight lines per annum, gained *four inches*; his limbs, the hands and feet in particular, had become large and strong, like those of a young man who would grow to the ordinary height."

A smart boy, that, and up to—*chalk*! Only think of it. The next case by the same writer, is one of *cyanosis* in a girl seven years old, who "presented all the appearance of abnormal permeability of the ductus arteriosus." \* \* "A globule of the 30th dilution of *calcareæ* effected a radical cure in *six weeks*, probably by restoring the abnormal part to its proper state!!" Think of it again. Infinitely less than the ten thousand millionth part of the duodecillionth of a grain of chalk, will make a boy grow four inches in six months, or close up an open ductus arteriosus in six weeks!! The good book asks us in a very positive way "who by taking thought, can add one cubit to his stature?" Answer: We can't by taking *thought*, but we can by taking *chalk and brimstone*!



Reader of ours, do not imagine that we have taken the above cases from the renowned works of the famous Baron Munchausen, or the true histories of Lemuel Gulliver, Esq.; they are truly quoted from an address by the learned Dr. Croserio, before the Société Hahnemannienne, in the Sept. No. of the American Journal of Homœopathy, published in New-York City. The same astute philosopher, in closing his address, gives a last advice, (we should suppose he couldn't long survive it!) "to exercise prudence in its administration," for, says he, "this remedy (calcareæ carbonica,) is one of the most energetic, and in spite of its peculiar adaptation to infantile diseases, we should be very circumspect in our doses, especially at that period of life and in old age, for even at the end of *six weeks* it often produces very violent primitive symptoms, which might be attended with danger, if the doses given were too strong." Further on he says, "with respect to the duration of the action of calcareæ, it is very long. When it is *very homœopathic* we may look for salutary effects *for six weeks and longer!*"

Gentle reader, if you have rickets, scrofula, lupus, neuralgia, chorea, headache, cyanosis, "big head" or any other of the numerous affections for which calcareæ is homœopathically administered, take a globule of the 30th dilution, and if six weeks afterward, you have a troublesome borborygmus, a twinge of the toothache, or a "crick in the back," go and make your '*davit*' that the chalk did it, and you will contribute to that great mass of evidence upon which homœopathy, as a system is built. For ourselves, we can't understand how any man in his senses can swallow and believe such nonsense. It strikes us, that some, at least, of the converts to and advocates of, this system of moonshine would be much benefitted by some "very homœopathic" article, which would produce what an old quack in Springfield declares he can cure—"information on the brain!"—(*Ohio Med. Journ.*)

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[Pass his name round—let it be honored now, as it certainly will be by posterity.—*Edt. S. M. & S. J.*]

*Starling Medical College.*—Lynd Starling, Esq., of Columbus, Ohio, has added to his donation of \$30,000 to the Medical Institution bearing his name, an additional sum of \$5000. A college edifice, including a small hospital with thirty beds, is to be commenced next spring. The generous donor deserves to be canonized in the calendar of medical saints, for we suspect such a munificent endowment of a medical College by a single individual, is without a precedent in this country.

[*Buffalo Medical Journal.*]

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*Fees from Clergymen.*—At a recent meeting of the State Medical Society of Connecticut, a resolution was introduced by a member, to the effect that the present practice of prescribing gratuitously for clergymen and their families, ought to be abandoned. This resolution has given rise to considerable discussion. Several communications have appeared in the Boston Med. and Surg. Journal, pro and con, and the editor of the N. Y. Annalist enters quite heartily into the subject.

The ground taken by those who are in favor of exacting fees from clergymen as well as others, is, mainly, that there is no good reason why we should not, and especially that the clerical profession do more to uphold and extend quackery in its various forms, than any other equal number of men.

Clergymen, it is contended, are generally no subjects for charity.—They are comfortably supported, and receive, like others, their hire; some of them are wealthy. They are not, as a body, like them of old; they have both “purse and scrip,” and many of them are “clothed in purple and fine linen and fare sumptuously every day.” Their poor parishioners who receive, perhaps, but their twelve or twenty dollars per month, are compelled to pay to the uttermost farthing; why should not the clergyman? Again, it is said, that the clergy sustain and extend quackery, and constantly step out of their own sphere to meddle with that which does not directly concern them, and of which they are profoundly ignorant. One can scarcely take up a newspaper that he does not see the names of numbers of Reverend gentlemen, affixed to certificates attesting to the most ridiculous and impossible absurdities, and recommending, in the most extravagant terms, medicines, the very composition of which, they do not know, and the nature and effects of which, they would not understand if they did. They, moreover, are frequently intermeddling with the regular profession, recommending this man because he is a member of their particular church, and decrying that, because he belongs to another; and they are, besides, the most active and influential advocates of hydro-pathy, homœopathy, eclecticism and other forms of quackery.

The above, we remark, contains the strongest part of the objections urged against further gratuitous service. Without stating formally the other side of the question, we shall, in as few words as possible, give our own views on this subject. We regard it as one of some importance, the discussion of which may do good.

We have a high respect for the clerical profession. Their mission is the most important that can be conceived. Compared with it all the professions, businesses, and pursuits of life sink into absolute nothingness. They are dignified by their calling—the greatest, the best man in the universe cannot dignify. On this account they are to be respected; but the very sanctity of their profession turns the eyes of all men upon them. They are men nevertheless, and subject to like passions and infirmities with us. They are obnoxious to mistakes and errors like us, and some of them are no better informed, even in what relates to their own calling, than they should be. There are exceptions to all general rules, but, taken as a whole, the clergy of the United States are an educated, refined, and able set of men. As a body, they are not guilty of the charges preferred against them. Many ignorant or superficial ones (those who are varnished over with a thin scum of universal knowledge, we mean,) there are, and these are they, for the most part, whose names are found in the lying advertisements of the newspapers. We will go farther. There are some denominations very nearly or entirely free from the sin laid to their

charge. No well-educated, faithful, pious, conscientious clergyman, who has a proper respect for his profession and himself, and we have many such, will ever, under any circumstances, lend himself to the propagation of error and falsehood, in the way spoken of. The vast majority of clergymen appreciate as it deserves, the medical profession, and are found everywhere, its considerate and consistent supportres. The whole body should not be made to suffer for the delinquencies of a few. Our own skirts are not entirely clear. Recreant M. D's., who love gold better than honesty or honor, as well as Reverends, appear appended to newspaper puffs, and gaseous advertisements. We spurn them both alike. We discriminate in the one case, why not in the other ?

As a profession, then, we acquit the clergy of any attempt or desire to depreciate or injure in any way, the legitimate science of medicine. So far as this charge is concerned, we would have every physician to act for himself. Wherever and whenever a clergyman is found encouraging, in any way, quackery in our profession, let him be marked. If he consorts with quacks, to their tender mercies consign him ; and if any professional services are rendered, charge to the extent of the law, and collect the fees.

But how is it in reference to the pecuniary ability of clergymen ? In the large cities they often receive liberal salaries, besides numerous perquisites, but it is perfectly notorious that the great majority throughout the country are miserably remunerated for their services. No class of men, of equal attainments, are anything like as poorly paid. We verily believe that, if all the salaries were averaged, the resulting sum would not be over \$500 per annum. Out of this pittance, families are to be supported, and old age provided for. An equal amount of talent and learning devoted to almost any other pursuit, would secure a competence, and the very fact that a young man is willing to forego his earthly prospects, and embrace a life of self-denial, if not of actual privation, is "confirmation strong as holy writ," of the purity of his motives—we had almost said, of the depth of his piety. Clergymen are almost universally poor. Now and then one has inherited a patrimony, or married a *rich wife*, but the exceptions only prove the rule.

We think, in view of the whole subject, which we have, however, barely glanced at, that the following is the proper course to be pursued. When a clergymen is wealthy, or has an income, independent of his salary he should pay his physician's as well as his grocer's bill. In all other cases, with the exceptions mentioned before, which should be absolute, we hope the practice of the profession will be as it has heretofore been, and that clergymen and their families will receive, as a general rule, without fee, the best services we can render.—[*Ohio Med. and Surg. Journal*. (Well said and true.—Epr. S. M. & S. Jour.)]

*The Eclectic Practitioners, or the so-called Practical Men.*—There are medical men in high positions, greatly occupied with numerous patients, who from a want of study, of intelligence, or of time, from



a natural indolence, or from being too old to master recent important improvements, affect a supreme disdain for everything that concerns doctrine or generalization, either physiological or philosophical. They call themselves PRACTICAL men, and speak ironically of *theorists—men of science or of the closet*, such who labor most for the advancement of medical science, and whose knowledge crushes and confounds them. These so-called practical men are those who have no doctrine and no general principles, who gather together ready made formulæ and isolated cases, without any kind of scientific discernment. The only medicine they study is that contained in small books of prescriptions, published in 18mo. or 24mo., which they carry in their pocket, and know by heart. We have frequently had occasion to remark that a practical man, that is, a man who boasts of knowing nothing of scientific medicine, is a medical machine inferior intellectually to a master-mason, a locksmith, or a cabinet-maker, for these have principles and a sort of doctrine which they apply in their business. They were appreciated in like manner by a learned individual whose authority no one could doubt, and who said,—“The true eclectic works without conviction, without principle, without idea. He is continually enlarging his circle, in order to enclose within it facts of the most contradictory nature—they sacrifice in a sort to every god, and create a kind of scientific pantheism, not less fatal to true science. than pantheism, properly so-called, is to true religion.”—[*Prof. Cruveilhier's Address to the Anatomical Society, 1845.*

*Headache caused by Inflammation of the Frontal Sinuses.*—M. Mombert was accidentally led to the appreciation of this cause of headache by the observation of a friend who was attacked with violent frontal headache, which lasted the whole day and departed towards night, again to recur with equal severity in the morning. Several physicians had prescribed for the patient without advantage. One morning, in the excess of his pain, he rubbed his forehead so violently with a clothes-brush that he completely took the skin off, leaving a sore, which remained for some time. From this period the headache entirely subsided. Instructed by the case, M. Mombert treated a patient laboring under similar symptoms by applying a blister over the frontal sinuses; the result was equally fortunate.—[*Viertel Järeschrift für die Practisch. Hilkunde.*—*Ranking's Abstract.*

*Prescription for Whooping Cough.*—Dr. McMurray, in the St. Louis Med. and Surg. Journal, for April, has found the following of great service in the treatment of this distressing affection after healthy secretions of the bowels have been obtained by the use of calomel, ipecac. and rhubarb.

R. Hydriodate Potassa,	. . .	gr. vj.
Mucil. Acacia,	. . .	℥viij.
Syrup Senega,	. . .	℥j.
Tinct. Lobelia,	. . .	℥j. M.

Dose, a tea-spoonful four times per day to a child two years old.

[*New York Jour. of Med.*

*Prescription for Nausea and Vomiting of Yellow Fever.*—"For the nausea and vomiting attendant upon the disease, an ethereal tincture of kreosote was almost invariably beneficial. By it I arrested the black vomit itself and procured recovery. The prescription usually employed was,

Kreosote, . . . gtt. xx.  
 Eth. Sulph., . . . ʒj.  
 Spts. Lavend. Comp., . . . ʒj. M.

A tea-spoonful every fifteen minutes until the nausea and vomiting ceased."—[Dr. Mitchell, U. S. N., in *Med. Examiner*.

## MEDICAL INTELLIGENCE.

THE SOUTHERN MEDICAL AND SURGICAL JOURNAL—SHALL IT BE CONTINUED OR NOT? In entering upon the fifth of the new series of the Southern Medical and Surgical Journal, it will in all probability prove its last volume. The present patronage does not support it. With every effort to discharge our whole duty as Editor, and after every appeal on the part of the Publisher, *only three hundred subscribers have paid for the Journal for the year 1848*. This too with payments demanded in advance. If this be the result of the *cash* system, what would have been the result of the *credit*? The publisher, therefore, distinctly declares, he cannot continue the publication of the work at a positive pecuniary loss to himself. The editor never has asked, never expected, and has never received one cent from the subscription, for his labour in conducting the Journal. He speaks thus plainly on the subject because the occasion demands it, and experience has taught him to be candid. For the last (third) volume of the old series, one-half of the actual cost of publication had to be paid by the editor, viz., \$900.00.

In paying the subscription to the work for the first year, many have acted upon the principle they have no further payment to make—forgetting entirely that each Vol. requires to be paid for. It will take double the present number of subscribers, to carry on the Journal successfully and profitably. This we have no reason to believe will be obtained, and we now announce, early in the fifth volume, the great probability of the discontinuance of the Journal after the present year, 1849. The profession of the South and West have now these facts before them, and they must say whether the oldest, the most prompt, and the only monthly medical publication in this region, is to be sustained or not.

In the meantime we hope to continue our labours uninterruptedly through the fifth volume.

*Death of a child in Utero, by Lightning—the mother escaping.*—Our valuable contributor to the Journal, Dr. J. A. MAYES, of Bradleyville, So. Ca., writes to us, under date Dec. 6th: "Looking over the pages of the December No., I noticed an account of several persons struck with lightning, the reading of which brought to my recollection the following case. A negro woman, about 30 years of age, in good health, and eight months advanced in pregnancy, was overtaken by a thunder storm in the month of August, 1848. For protection against the rain and wind, she *leaned* against a pine tree, but had scarcely done so, before the tree was struck by lightning. The shoulders, front of the chest and abdomen,

were severely burned, but the brain was, in no respect, injured. From that time, to her delivery, which was three weeks afterwards, she complained of being very unwell. The child was dead, and appearances indicated that it had been so from the time the mother received the stroke of lightning. The woman recovered rapidly. This, then, is a case of a child in utero being killed by lightning, whilst the mother escaped."

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*Letter from Dr. MEALS on the Use of Quick-Silver.*

MARIETTA, GA., Nov. 1st, 1848.

Dear Doctor—A friend, who expressed much gratification after reading my article on the uses of Crude Mercury, has just placed in my hands the October number of the New York Annalist, in which I find an article, from the German, confirming to a considerable extent, my views on the applicability of Quicksilver to diseases of the bowels. My reasons for sending it to you are—first, that you do not, I believe, exchange with this Journal,\* and would most probably not see it; secondly, that testimony thus adduced from sections so remote, might have the effect of inducing physicians in this country to at least give the remedy a trial; and, thirdly, from my extraordinary success in its administration, I cannot but feel anxious that it should occupy that high position in the catalogue of remedies, to which I think it so justly entitled.

Very truly, yours, &c.

HENRY H. MEALS.

*Metallic Quicksilver in Ileus and Obstructed Bowels.*—Several cases of the utility of quicksilver in Ileus have been recently published in the German Journals. Dr. Schubert relates one of a man to whom every internal and external medicine had been given, until the incessant vomiting obliged the abandonment of all of the former. The constipation was most obstinate, and the abdomen much distended, but there were no signs of inflammation. The patient seemed at the last extremity, when Dr. Schubert remembering two similar cases had been so treated with success, ordered him 4 oz. of quicksilver every half hour. His death seeming inevitable, only two doses were given; but after two hours he had stools, and soon recovered.

Dr. Lowenhardt refers to a work published by him in 1838, in which he sets forth the advantages derivable from the substance, and in the paper before us details additional cases in illustration. The cases now added are those of volvulus, internal incarceration, spastic ileus; inflammatory ileus, after the inflammatory symptoms are removed; incarceration persisting after the operation for hernia, probably from the agglutination of the parietes of the canal by exuded mucous; and especially very obstinate vomiting. All the cases he adduces were not cures, and he gives the post-mortem examination of some, from which it appears that the mercury sometimes passes through an intussusception, without removing it.—[*Casper's Wochenschrift*, No. 9, *Medicintache Zeitung*, 12 and 13.

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*The American Medical Association—How the first volume of its Transactions may be obtained.*—By desire of the committee of arrangement, the Secretaries of the American Medical Association request that all societies and other institutions authorized to appoint delegates, send correct lists of those chosen to attend the next annual meeting, to Dr. HENRY J. BOWDITCH, Boston, on or before the 1st of April, 1849.

We would invite attention to this request, as a compliance with it will greatly facilitate the organization of the Association.

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\* We have regularly acknowledged the receipt of the Annalist on the cover of every No. of our Journal as issued.—EDR.



We take this opportunity to remind the Members of the Association of the resolution adopted in Baltimore, directing that a copy of the Transactions should be sent to such members only as shall have paid the annual assessment for the present year (three dollars). Those members paying to the Treasurer five dollars are entitled to three copies.

Medical Societies which have been represented in the Association will be furnished copies on the same terms as members (viz., three copies for five dollars) on remitting the amount to the Treasurer.

To other persons the Transactions will be furnished at the rate of two dollars per copy in paper covers, done up for mail, or two dollars and fifty cents in embossed cloth, on remitting the amount direct to Messrs. Lea & Blanchard, Philadelphia. Or orders left with booksellers will be executed by Messrs. Lea & Blanchard.

Editors of Medical Journals will aid the objects of the Association by announcing the above information in their pages.—[*Medical News*.]

*Obituary*.—Died, in this city, on the 18th Dec. last, PAUL F. EVE, Jun., youngest child of the editor of this Journal.

[It was only in our last No. that in recording the death of his son, we expressed our deep sympathy for our friend, the editor of the American Journal of Insanity—little then thinking how soon we were to experience the same heart-rending bereavement. For nearly three years have we been bowed down by domestic affliction.]

METEOROLOGICAL OBSERVATIONS, for November, 1848, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide 52 feet.

NOV.	Sun Rise.		2, P. M.		WIND.	REMARKS.
	Ther.	Bar.	Ther.	Bar.		
1	43	29 74-100	62	29 72-100	N. W.	Fair—blow.
2	33	30 7-100	57	" 99-100	N. W.	Fair—first frost and ice.
3	32	29 87-100	63	30 4-100	S. E.	Flying clouds—breeze. {60-100.
4	52	" 62-100	54	29 77-100	N. W.	Rain to-day & last night, 1 inch
5	51	" 89-100	60	" 67-100	N. W.	Fair—breeze.
6	38	" 93-100	60	" 92-100	N. W.	Fair.
7	36	30 7-100	55	30	N. W.	Fair—breeze.
8	32	29 97-100	60	30	S. W.	Fair.
9	37	" 97-100	62	29 95-100	W.	Fair.
10	43	30 6-100	61	30	W.	Cloudy.
11	44	29 88-100	54	" 3-100	N. E.	Cloudy.
12	46	" 80-100	51	29 76-100	N. E.	Rain, 10-100.
13	48	" 99-100	55	" 85-100	N.	Cloudy.
14	48	" 88-100	50	" 98-100	N. E.	Cloudy.
15	46	" 81-100	66	" 85-100	W.	Fair.
16	42	" 81-100	64	" 80-100	S. W.	Cloudy.
17	48	" 75-100	72	" 76-100	S. W.	Fair. [the night, 5-100.
18	48	" 93-100	42	" 77-100	N. E.	Rain all day, 75-100—during
19	35	30	47	" 95-100	N. W.	Fair—breeze.
20	29	29 84-100	49	" 95-100	S. W.	Cloudy afternoon.
21	34	" 93-100	53	" 83-100	N. W.	Fair—breeze.
22	30	" 88-100	44	" 87-100	S.	Cloudy.
23	28	" 53-100	60	" 82-100	S. E.	Fair.
24	49	" 53-100	59	" 42-100	S.	Rain, 5-100.
25	44	" 61-100	61	" 61-100	S. W.	Fair—breeze—blow at 8, P. M.
26	34	" 84-100	45	" 91-100	N. W.	Fair—breeze.
27	26	30 3-100	40	30 7-100	W.	Cloudy.
28	26	" 10-100	54	" 7-100	S. W.	Fair.
29	26	" 5-100	57	29 95-100	S. W.	Fair.
30	38	29 89-100	57	" 81-100	S.	Cloudy.

16 Fair days. Quantity of Rain 2 inches 55-100. Wind East of N. and S. 6 days. West of do. do. 20 days.

# SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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Vol. 5.]

NEW SERIES.—FEBRUARY, 1849.

[No. 2.]

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## PART FIRST.

### Original Communications.

#### ARTICLE IV.

*Observations on Ranula; with Cases, Treatment and Cure.*

By JAMES M. GORDON, M. D., of Lawrenceville, Gwinnette county, Ga.

Did not experience and almost daily observation teach us to the contrary, we should not anticipate in any case of the above named disease the slightest difficulty in its cure. When we reflect with what tardiness and exceeding difficulty wounds within the oral cavity, from the great humidity, together with other causes, are healed, we should be led to suppose that from analogy and reasoning, *a priori*, that in every case a mere puncture would be sufficient—the continual flow of saliva through the artificial opening thus made acting as an additional cause to prevent re-union or cicatrization. But it is far otherwise. Notwithstanding in perhaps a majority of cases it is sufficient, yet in very many not so, as will be seen in the sequel of this article.

The term Ranula, (from *rana*,) from its supposed or imaginary resemblance to a frog, or the peculiar croaking sound of the voice in articulating, is used to denote the presence of a tumour in the sublingual or submaxillary regions filled with saliva and viscid mucous generally of a light straw colour. These tumours not unfrequently acquire considerable size—that of a man's fist, or larger—and not only partially and sometimes wholly destroy the power of speech, but offer very material obstruction in the efforts of deglutition and respiration. When

not relieved by a counter-opening, they acquire a volume sufficient to thrust the tongue backwards, and from the compression, to waste a portion of its substance, to remove the teeth from their sockets, &c., and finally burst of themselves, leaving a very troublesome ulcer. The cause of these morbid accumulations is from either a closure or mechanical obstruction of the excretory ducts of the salivary glands, or the orifices of those ducts. The closure of these ducts may take place in the ordinary manner of inflammation and adhesion of their opposite sides. The mechanical obstructions may be either foreign bodies or the morbid secretions of the glands themselves. By far the most common mechanical obstruction is a deposition of calcareous matter, which not unfrequently assumes a hard, stony nature, and in great abundance. The duct of the parotid, from its larger size, rarely becomes closed so as to constitute ranula of that gland. From greater diminutiveness, those of the submaxillary and sublingual, are more often the seat of disease. In cases of long standing, a kind of adventitious cyst, or sac, is formed, which becomes thickened and more resisting in proportion to the duration of the case. The affection is one producing rather a sense of restraint than of pain, except when active inflammation is established, when it becomes acutely painful.

*Treatment.*—As a matter of course, the indication in the treatment of a case will be, first, to carefully examine and remove any foreign body that may be present. Calcareous deposits being the most common, and frequently in abundance, demand especial attention.

Where the orifices of the ducts have become closed, they should, if possible, be dilated by means of a silver probe or bougie; but as this is generally impracticable, an opening with a lancet in the most prominent part of the tumour should be made, which will not only relieve the immediate exigencies of the case, but frequently effect a radical cure, by a fistulous aperture remaining, through which the saliva is discharged. When a common puncture is found insufficient, from its disposition to close, the indication will be more certainly fulfilled by removing a portion of the cyst, and occasionally touching the



sides of the aperture with caustic, so as to prevent its closing. If the latter proposition should prove unavailing, it has been proposed to pass a seton directly through the tumour, and suffered to remain till a permanent fistulous opening is established. Finally, after the failure of all the above enumerated modes of treatment, it has been proposed to extirpate the sac. But from the nature of the adjacent tissues and the contiguity of numerous large blood-vessels, it is both a difficult and highly dangerous operation, and, as we believe, wholly unnecessary, and does not at the present day receive the sanction of the profession. The plan of treatment which we so successfully resorted to in the protracted and exceedingly difficult case about to be narrated, would obviate, under the most adverse circumstances, the necessity of so formidable an operation. We allude to injecting the sac with the diluted tincture of iodine, after the manner first proposed by Dr. Martin, for the radical cure of hydrocele, and since, so successful in hydarthrus. This experiment we considered ourselves justified in making, after the failure of every other known method of treatment, and as will be seen with complete success.

CASE I. J. A. R., a fine healthy boy, seven years of age, was attacked in October, 1843, with what his parents thought a severe cold; his articulation became difficult, as also his breathing and swallowing. Various domestic remedies were administered in order to *break the cold*, when, contrary to expectation, and notwithstanding the multiplicity of remedies, the symptoms continued to increase in severity. We were requested to see him, and found a considerable tumour projecting from beneath the tongue of the size of a walnut, or larger. Satisfied of the nature of the tumour, we did not hesitate to at once plunge a lancet into it. A considerable quantity of saliva flowed out—the opening never closed, and there has been no return of the disease up to the present time.

CASE II. Ruthy, a mulatto woman, now the property of Mr A., æt. 34, of scrofulous diathesis, about three years since discovered a small tumour occupying the sublingual space. It continued to enlarge till it became of sufficient size to occupy

the whole space in the right side of the mouth, and formed a large tumour under the right inferior maxillary bone, in addition to that already formed in the sublingual region. The tongue was thrust backwards and to the left; respiration and deglutition were performed with great difficulty, and the voice nearly entirely lost. She was then placed under the care of Dr. —, who had charge of the case for nearly two years, who, as he informed us himself, had unsuccessfully exhausted every known method of treatment, and had finally abandoned the case as incurable, only making an opening once a week, or ten days, for the escape of the saliva.

She was sent to our office on the 6th of April last, and presented the following appearances:—A considerable tumour occupying the sublingual, and extending from thence backwards to the submaxillary region and forming a prominence below the inferior maxilla, soft and fluctuating, the size of a duck's egg. There also existed scrofulous ulceration of the throat, together with enlargement of the cervical lymphatics. An opening was made in the most prominent point of the tumour opposite the second bicuspid tooth, and a large quantity of thick, inodorous, straw-coloured fluid discharged. A gum-elastic tent was inserted through the opening into the sac, which, owing to the difficulty of keeping in *situ* from its contractility, was in a few days removed, and one of oiled silk substituted. She was directed to take, in solution, five, gradually increased to ten, grains of iodide of potassium, three times daily, and to have the throat, externally, painted with tinct. iodine once per day. That course of treatment was faithfully pursued for the space of two months—in the mean time the ulceration healed kindly, and the indurated lymphatics were much improved. The tent was removed and re-inserted as often as deemed necessary, in the hope that a permanent opening would be established, but in vain, forty-eight hours at any time being sufficient for the opening to close after the removal of the tent.

As a dernier resort we were about acting upon a suggestion kindly made by our esteemed friend. Prof. P. F. Eve, to insert into an opening in the sac a common shirt-stud, with a small hole drilled in its centre through which the saliva might escape,

and which was to be perpetually worn by the patient. It occurred to us, however, before resorting to this last expedient, to test the efficacy of iodine injection. The cyst was filled with a fluid composed of tincture iodine, one part; water, four parts; which was retained until considerable pain was experienced, and then discharged. Considerable inflammation followed, and we are happy to say, a total obliteration of the cavity of the sac.

Since that time there has been no return of the disease, and from a state of anæmia and great debility, her system has rallied, and she is now in the enjoyment of perfect health. We deem it not amiss to say, that notwithstanding she is a seamstress, and valuable house-servant, she was purchased by Mr. A. at the exceedingly low price of one hundred dollars, and that now she would command six hundred dollars in any market where she is known.

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ARTICLE V.

*On Fever.* By J. G. WESTMORELAND, M. D., of Zebulon, Ga.

Fever, in the general acceptation of the word, is that state characterized by heat, thirst, frequency of the pulse, &c., &c.; and is present in a large proportion of diseases. But "*the fever*," of which this article will treat, is a radical disease, occurring in marshy districts and other unhealthy locations. The name *fever* was no doubt given to this disease, from the fact, that heat, thirst, &c., or some one of them, constituting fever, was always present; and also that the symptoms of any particular local affection, so far as had then been discovered, were not always present. Hence the term *idiopathic* was used to distinguish this from fevers arising from acute inflammations, &c., which were called *symptomatic*. Some among pathologists, however, contended that all fevers were symptomatic. Broussais, as we might say, the father of these, believed that the alimentary canal was the seat of local inflammation in all cases of "*the fever*;" although symptoms of that state of the organs were far from being always present, as admitted by himself. The idiopathists whose recorded opinions were my text-book in college, six or eight years ago, denied the operation of the



morbific poison on the mucous gastro-enteritic surface ; and, in fact, that inflammation is set up in any organ, directly by the miasmatic cause, but merely an irritability of the sanguiferous and perhaps other systems. Some of these insisted that the capillary system is the seat of irritation, while others refer it to other organs.

Now, it is of little importance, as I conceive, whether we call it idiopathic, or symptomatic, so that we find out the organ primarily affected, and the nature of that affection. "The fever" is a peculiar fever, because it is produced by a peculiar, specific cause,—not that the symptoms, heat, thirst, &c., are different in this disease from what they are in other fevers, but that they are produced by a specific virus acting on a particular organ. The organ or structure primarily affected by the morbid cause, has been the subject of contention for more than two thousand years ; and the means which have been mostly relied on to determine this fact, (*viz.*, post-mortem examination,) have led to more error than any thing else. Fortunately for science no particular organ has been found, invariably bearing the marks of inflammation ; for even these changes may be *articulo-mortem*, or *post-mortem*, and calculated to deceive. That the initial symptoms of fever are those of deranged nervous action, has been admitted by the best pathologists for years. But dissections do not invariably reveal any lesion of the nervous centres. Few, therefore, could believe they were radically diseased. The only reasonable conclusion to which I can arrive, is, that the organ whose functions are *always* first disturbed, must be the one on which the malaria has its specific action. If the morbid agent affected indiscriminately, whatever structure it came in contact with, the lungs, blood-vessels, &c., would be the first to give indication of disease. But every physician that has watched the symptoms as they rise, in autumnal fevers, knows that cerebro-spinal disturbance is exhibited, conjointly, or the spinal alone, even before any febrile action is set up. The nature of the primary derangement, we can learn sufficiently for all practical purposes from the derangement of its functions. To irritability of the capillaries, and other parts of the circulatory system, as well as other organs of the body, is the direct tendency of the morbid nervous action.

For a complete view of the pathology of intermittent and remittent fever, the reader is referred to Prof. L. D. Ford's excellent article on that subject in the first volume of the Southern Medical and Surgical Journal.

That intermittent fever, arising from the common cause, may, in progress of the disease, assume a different type,—from the subject being situated so as to inhale effluvia arising from putrid vegetable or animal substances, immediately in the vicinity of the sick room, and of a different character from that which induced the fever,—no close observer, in the practice of medicine, will deny. And that this exhalation which is known to alter the character of fever, from remittent to continued or typhoid, will, when of sufficient strength to affect a person in health, produce fever of the latter form, is equally true. These facts being admitted, we must conclude there is a difference in the two forms of fever; either from an altogether different character of the local affection in the same part, or from an extension to a more vital organ. Then, as our only index to the primary local disturbance, is the consecutive symptoms of deranged functions, by the study of them alone can we learn the pathology and treatment of fever. If, as in intermittent and remittent fever, we find paroxysmal pains in the back, limbs, &c., with constriction, &c., of the capillaries, we can but refer the derangement to the nervous centre in proximity to, and supplying those parts with nervous power. But if, as in typhoid fever, we find cerebral disturbance to take the place of the paroxysmal or periodical nature of the affection, there is good reason for ascribing the continued character of the fever to the cerebral derangement.

In typhoid fever, as in some other diseases whose pathology is not very well understood, we learn a good deal by the success or failure of remedies. For instance—in *spinal* or remittent fever, spinal revulsives and counter-irritants materially benefit the patient; while in *cerebral* or typhoid fever, refrigerant, counter-irritants, &c., to the head, effect much good. Quinine, the great remedy for fever of a spinal organ, is worse than useless in the continued form of fever; for, if the medicine should have no injurious effect, much time is lost in affording appropriate remedies. It is unfortunately the case, however, that we

cannot, always, distinguish the different forms in their commencement. It may be said, and truly too, that typhoid fever does not always carry with it symptoms of cerebral disturbance—such as delirium, &c. But, it must be recollected, that although the mind may remain undisturbed throughout the whole course of the disease, nevertheless the origin may be in the brain; for the organs of involuntary action are under the influence of portions of the brain, whose functions may be deranged, and yet the cerebrum proper, or that portion in which resides the mental faculties, remain normal.

In the milder forms of fever (intermittent, for instance) the brain is subject to be secondarily, or sympathetically, affected with congestion, &c., in consequence of the deranged functions of other organs of the body: these are removed by contracting the primary disease. Mercury, the great alterative in fever, seems to be applicable to any form; but that it may prove salutary, other appropriate remedies, according to the *location* of the disease, must not be neglected. As to the nature of the derangement produced in the brain, by the poisonous effluvia, I would say, in conclusion, that this poison has its specific action on the great nervous centre, deranging its functions, without visibly altering its structure. A great many of the active poisons and medicines have a specific action on certain organs or strictures, and will effect no other, though in contact with them. Some of these disorganize the part; others—as the malaria—do not.

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ARTICLE VI.

*A Case of Ruptured Uterus.* By J. C. C. BLACKBURN, M. D.,  
of Knoxville, Ga.

On the 20th of November, I was summoned in great haste to the bed-side of Mrs. W.—, who was represented to be in labor. Upon my arrival, I found her attended by an *ignorant* midwife, who had, as I learned, been giving her “teas,” &c., for some hours previous to my arrival. She was the mother of five children, and of a good constitution. I found the membranes had given way early in her labor, and the discharge of



the liquor amni had been very considerable. The os uteri had become so much dilated that the head had entered the superior aperture of the pelvis. During the night she was very restless, and would turn constantly from one side of the bed to the other, and expressed herself as fearing a fatal termination of "her labor." To relieve restlessness, I gave her a few drops of tinct. opii., which suspended pain and gave her a few broken slumbers. As soon as the anodyne had spent its influence, her pains returned at short intervals, and with some considerable severity. The labor made gradual progress, and I could detect no difference between it than a common case of tedious labor. By the afternoon of the next day, the head had descended into the concavity of the sacrum, and the condition of the soft parts, and the tranquility of the pulse promised, as I thought, a speedy and happy delivery. All at once the pains subsided, and she exclaimed, "O Doctor, my womb is split, and I shall die!" Her respiration became so difficult that she insisted upon being taken up. She made a few unsuccessful efforts to get up, and constantly insisted that she was dying. Upon applying my hand to the abdomen, I discovered that some part of the child had bursted through the uterus. In the mean time, vomiting, hiccuping, uterine hæmorrhage, cessation of labor-pains, &c., convinced me that death would soon close the agonizing scene. Her respiration became more and more oppressed, and in a few minutes spasms took place, and death bore her swiftly to the spirit world.

This is the first case of ruptured uterus I have ever seen, and pray God it may be the last. Whether it was attributable to violence and want of skill, on the part of the attending "*midwife*," in introducing her hand, or to the spontaneous contractions of the womb, I know not.

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ARTICLE VII.

*Death from a Foreign Body (a piece of bone) cutting from the Pharynx into the Larynx.* By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

On Saturday, 15th of June last, a coloured boy, aged nine years, while taking beef-soup had a piece of bone to stick fast in

the throat. Efforts were immediately made by the family to dislodge it, and these were subsequently directed by two skillful physicians of the village where the accident occurred. The means employed consisted of emetics, the forceps, probang, &c. These attempts having been unsuccessfully renewed the next morning, the little patient was sent with his mother to me, a distance of twenty-five miles. They arrived at my office at 4, P. M.; being about twenty-eight hours after the foreign body was arrested in its passage to the stomach.

At this time, there was considerable hoarseness, besides the difficulty of deglutition. The patient had slept some the previous night, and had also swallowed a little water since the efforts made to relieve him. His mother said the foreign body could be felt by the tip of the finger while the mouth was forcibly opened—at least, so she had been informed by the physicians. There was now no cough, neither had there been at any time. By thrusting the fore and middle fingers deep into the pharynx, the sharp, rough, projecting edge of a piece of bone was reached, but which occasioned an instantaneous and spasmodic action in the muscles of the part, but which excited no cough. The forceps and other instruments were now directed against this foreign substance, and it was supposed to have been seized more than once; but after an hour's persevering endeavour to remove it, the case was abandoned for the present. It was only while the patient was firmly held, and the mouth forcibly opened, (for he was too young to be persuaded to submit quietly,) that these attempts for its extraction could be made.

After these latter efforts, the patient never swallowed, not even iced water, and his respiration became more and more embarrassed. He passed a bad night, and seemed much exhausted the next morning. Indeed, it soon became apparent that without relief he could not long survive. Drs. Newton, H. F. and R. Campbell and Dr. Barry saw the patient at 12, M., and as I was engaged in carrying out our decisions—viz., to make one more attempt to extract the bone, and should that prove, like the others, unsuccessful, then to open the pharynx—he expired. A new pair of forceps had only been directed to the foreign body, when he breathed his last. The larynx was now laid open, and a silver tube introduced into it encountered

something foreign. Tracheotomy was next performed and artificial respiration attempted for half an hour. The heart continued to act, but respiration was not re-established.

Death having thus occurred, the wind-pipe was freely exposed, when a piece of bone was found projecting into the larynx below the rima glottidis, and extending thence through its posterier wall into the pharynx. It was the outer lamina, thin, sharp, having jagged edges and of an oblong shape. It measures one inch by half an inch. The irregular, serrated edges, particularly on one side, explains the difficulty in removing this foreign substance; and its thin, sharp extremities, the facility with which it cut its passage from the pharynx into the larynx. Did not the means employed produce or promote the entrance of this foreign body into the wind-pipe? He evidently died from exhaustion, the result of the treatment pursued in the case, and the interference to respiration by the presence of the bone in the larynx.

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## PART II.

### Reviews and Extracts.

#### *The Transactions of the American Medical Association.*

(CONCLUDED.)

The Report of the Committee on Surgery was presented to the Association by Dr. G. W. Norris, of Philadelphia, and the part on anæsthetic agents by Dr. Isaac Parish, of the same city.

The subjects of Lithotomy and Aneurism especially claimed the attention of the committee. The lateral operation for stone, it is known, has most generally been resorted to in our country. In relation to the bi-lateral method, it is said—

“A few among us have resorted to it and within a few years the profession have been favoured with valuable papers on modifications of it by Drs. Warren and Stevens. So far as your committee can ascertain, the first operation in our country by this method was performed by Dr. Wm. Ashmead, of Philadelphia, in 1832, nearly eight years after it was brought prominently into notice by Dupuytren at the Hotel Dieu of Paris.



The case proved successful, and in that and the succeeding years, the same gentleman operated upon three other patients. Dr. Og'ier of Charleston, repeated the operation in 1835, without any knowledge of its having been previously done in this country, and since that period it is known to your committee to have been practiced by Dr. Stevens, Eve, the Warrens, Mussey, May, Watson, Hoffman, Post and Pancoast."

On the subject of aneurism, five cases are referred to, which were treated by compression. In the one of Dr. Knight, of New Haven, manual pressure was resorted to as follows:

"To accomplish this, a sufficient number of assistants were procured from the members of the medical class, who cheerfully offered their services. They were divided into relays, two keeping up the pressure for five or six hours, relieving each other every hour or half hour, and these succeeded by two others. Sufficient pressure to arrest the pulsation in the tumour was found to be most easily made with the thumb or fingers, without a compress, upon the artery as it passes over the os pubis, and the direction given to the assistants was to keep up this amount of pressure as nearly continuously as possible. This treatment was commenced at 3 o'clock P. M. No pain of consequence was produced by it for five or six hours, and then it was not severe, and was quieted by the eighth of a grain of morphia once or twice repeated. About eight hours after the pressure was applied, the temperature of the limb was diminished, and it appeared shrunken in size. Upon removing the pressure from the artery at 11 o'clock of the following day—twenty hours from the commencement of the treatment, the tumour was found to have diminished very little, if at all, and pulsated as strongly as before; but the tibial arteries could not be felt. The treatment was continued. Upon examining the parts the next morning, forty hours after the treatment was begun, the tumour was found to be nearly one-third less in size, firm and unyielding on pressure, and entirely without pulsation. All treatment was then discontinued. The femoral artery pulsated with its usual strength in the groin, and distinctly as far as its passage through the tendon of the adductor muscles. Between this point and the tumor it could not be felt. Several of the anastomosing arteries, especially one upon the inside of the limb, could be distinctly traced passing over the knee, pulsating strongly, and enlarged in size. From that time to the present—a period of more than four months—no change has taken place in the limb, except that the tumour has gradually diminished, so as now to be scarcely discoverable, and that the leg, which was at first cold and weak, has nearly regained its natural temperature and strength."

A ligature to the *aorta* is thus noticed :

"That a ligature may be placed upon the *aorta*, there are recorded observations to attest : that it will ever be followed by any lasting benefit, there is every reason to doubt. Cooper's patient having died in forty ; James' in three, and Murray's in twenty-three hours after it was done. As adding, however, to the list of cases, which show that the collateral vessels are fully able to carry on vigorously the circulation after its complete obliteration, a case which has been detailed by Dr. West, in the No. of the *Trans. of the Philadelphia College of Physicians* for February of the present year, is worthy of notice. The subject of it, who was aged 32, and died suddenly from the rupture of an internal aneurism, was remarkably muscular and athletic, with the superior half of his body more developed than the lower. The interesting feature of the case, for our purposes, was, that in tracing the *aorta* beyond the origins of the great vessels, its cavity was found to be *entirely obliterated* immediately beyond the ductus arteriosus. At the point of obliteration, it presented a well defined and regular contraction, which looked as if it had been produced by a ligature thrown around the artery. Beyond this, the vessel resumed very nearly its natural dimensions, and so continued throughout its course. It gave origin, in its whole length, to the usual branches ; the upper pair of intercostals coming off immediately below the stricture. The internal mammary arteries, which pursued their course along the thoracic parietes in a very tortuous manner, were fully as large as the internal iliaes, and so were the epigastrics ; these vessels constituting the main channels for keeping up the connection of the circulation above and below the aortic stricture."

Of the ultimate effects of ligature to the carotid artery, the committee close their report with the following remarks :

"Within a year or two past, attention has been, in a particular manner, directed to derangement of the cerebral functions following ligature of the common carotid artery. These cerebral symptoms are attributable either to cutting off the direct supply of blood to the brain, or to disease consequent upon the altered condition of the circulation in that organ. Nearly one-fifth of the recorded cases of the operation in question, are found to have exhibited it in a greater or less degree ; and the frequency of its occurrence has been singularly overlooked by practical surgeons. Two cases have been forwarded to the committee by Dr. Mettauer, of Virginia, in which it was observed : in these the vessels were taken up, in one instance,

for an anastomosing aneurism of the antrum and nasal cavities, and in the other for the cure of a false aneurism. Both patients had lost large quantities of blood previous to the operations. In each case partial hemiplegia of the opposite side to the artery which was ligatured, was noticed in a few hours, and was followed by delirium and convulsions. In one of the instances, death occurred on the 8th, and in the other on the 10th day.

"Autopsic examinations showed softening of the medullary substance on the side opposite to that on which the vessel was tied, while the hemisphere corresponding to it was healthy, though pale and bloodless."

In the December No. of our Journal, we reported a case of ligature to both primitive carotids, and at this time, more than twelve years since the operation, the patient is in the enjoyment of excellent health, with the full preservation of all his mental faculties.

So much has been published in our Journal on the subject of *anæsthetic agents*, that we pass over this part of the volume before us, and take up next the Report of the Committee on Obstetrics. This was drawn up by Dr. Harvey Lindsly, of Washington city, and refers chiefly to the applicability of anæsthetic means to midwifery. The conclusions are these:

"DIRECTIONS FOR ITS USE.—1. The recumbent position is decidedly the most favourable for the inhalation of chloroform, and in obstetrical practice it should be administered in no other.

"2. No inhaling apparatus should be employed. A common pocket handkerchief folded in the form of a compress, or a sponge, applied so as to cover both the nostrils and mouth, is the best vehicle. With these there is no danger of the exclusion of atmospheric air, an accident to which we may be exposed in a greater or less degree with ordinary inhalers, and they are at the same time much less formidable in appearance, and much more readily applied.

"3. Upon the handkerchief, or sponge, may be poured a drachm of chloroform, if the full anæsthetic effect be desired, or one-half or one-third of this quantity, if a less decided result only is sought for: the effect, however, to be the guide rather than the quantity used, as very different quantities are required in different cases.

"4. The inhalation should never be continued after the full anæsthetic effect is produced, which can generally be recognized at once by the stertorous or sonorous sleep. Nor should it



ever be given after the pulse begins to fail in frequency and force. It is advisable that the pulse should never be allowed to fall below 60 or 65 per minute: when it reaches this point, the sponge should be removed and atmospheric air alone be inhaled until the pulse recovers its tone. It is also to be borne in mind, that the depressing agency of chloroform continues to *increase* for several seconds *after* it is *withdrawn*, differing, in this respect, from ether, which does not appear to be cumulative in its operation, for the patient never becomes more depressed than she is at the moment of ceasing the inhalation.

"5. In cases of labour where we wish our patient to derive the full benefit of this agent, the ether or chloroform should be reapplied at the accession of each pain—a few drops (20 or 30) being placed on the handkerchief each time for this purpose. This may be continued with perfect safety, in all ordinary cases, to the termination of the labour, even if it should last several hours.

"6. As a *general* rule, the inhalation should not be commenced until the labour pains are fairly established, and recur at regular intervals, as the chloroform, if given before this period, might interfere with their regular recurrence, and thus protract the labour, while this result need never be apprehended if its use is delayed to the proper time.

"The utmost caution should be observed by the practitioner in relation to the purity of the article he employs. Its specific gravity should not be less than 1480, the best quality being as high as 1500. Another test is, that pure chloroform, applied to the skin or mucous membrane, produces simple redness, without cauterization or vesication. When mixed with a small quantity of absolute alcohol, it acquires caustic properties. Whenever, therefore, the chloroform used in medical practice has caused vesication of the lips or nostril, with irritation of the bronchial tubes, it is proof positive that it cannot be pure.

"The committee do not think it important to express an opinion as to the comparative value of sulphuric ether and chloroform in obstetric practice. While the latter is more convenient, the former is probably more safe, owing to the fact, perhaps, that it is not *cumulative* in its operation. They are both efficient, and either may be employed at the option of the accoucheur."

We take also the following from the same report:

"THE USE OF ICE TO PROMOTE UTERINE CONTRACTIONS.—Dr. Louis Mackall, a highly respectable physician of Maryland, in a communication to the committee, states, that for several years past he has been in the habit of employing pounded ice in cases

of suspended or protracted labour. That when this had been swallowed freely, the pains had immediately returned, the uterus had contracted strongly and the labour been speedily completed.

"He also communicated letters from Dr. B. Mackall, Dr. Skinner, and Dr. M'Cubbin of Maryland, strongly corroborating his statement of the efficiency of ice in promoting the contractions of the uterus.

"Dr. B. Mackall remarks, that his experience, in the use of ice for this purpose extends through a period of ten or twelve years. 'During that time' he says, 'I have had frequent opportunities of observing its effects, and I can safely declare, that in no single instance have I been disappointed in its action. I have used it under a variety of circumstances and always with the most satisfactory result. In cases where labour pains had been suspended for twelve or twenty-four hours, they have been renewed promptly and efficiently. In cases of inevitable abortion, where the uterine contractions are feeble and inefficient, and where hemorrhage is considerable, I regard it as invaluable. In retention of the placenta from imperfect contraction of the uterus, and in cases of alarming hemorrhage after delivery and expulsion of the after-birth, it is equally applicable. In short, wherever the firm contraction of the uterus is desirable, that object will most certainly be attained by the administration of ice.' 'In no instance have I witnessed the slightest ill effect from its administration.'"

We pass over too the report of the committee on Education, because its important features have already been presented to the reader.

We make the following extracts from the able, witty and caustic report of the committee on *Medical literature*, written by Dr. Oliver Wendell Holmes:

"The general plan of the original periodical publications which have been enumerated is very similar. The first part of each number is devoted to original articles, consisting of essays, histories of epidemics and endemics, series of cases, and single cases, and accounts of operations. Occasionally a more detailed and comprehensive history of some disease is introduced under the name of *monograph*, and not unfrequently extensive statistical tables are given, bearing especially upon surgical and obstetrical practice. Then follow *Reviews* or formal examinations of works recently published, usually analytical in character, and having for their principal object the book rather than the general subject of which it treats. To this division

succeeds a miscellaneous and heterogeneous assemblage of *bibliographical notices*; the sweepings of the critical *atelier*; the rinsings and heeltaps of the critical banquet; a necessary part of the editor's prospectus, but one which is least gratifying to minute inspection. Here the importunate friend receives his expected compliment, the dull dignitary is pacified with his scanty morsel of eulogy, the Mæcenas is paid in fair words for his patronage; the book which must be noticed and has not been read, is embalmed in safe epithets and inurned in accommodating generalities. Lastly, a considerable part of the number is made up of selections, either taken promiscuously from other journals and recently published works, or in the better managed periodicals classified so as to present a summary of the recent progress of science in its several departments.

"The proportion allotted to these several divisions varies very much. Taking into consideration the usual difference of type in the original and borrowed matter, and the very liberal extracts which the reviewers commonly make from the work before them, it will be found that a very large part of all the journals is made up of quotations; and to a considerable extent of the same quotations, whatever may be the particular journal examined. The committee have been struck with the fact, that the same articles have been presented over and over again to their notice, in many different periodicals, each borrowing from its neighbors the best papers of the last preceding number, so that the perusal of many is not so much more laborious than that of a single one, as would be anticipated. The ring of editors sit in each other's laps, with perfect propriety, and great convenience it is true, but with a wonderful saving in the article of furniture.

"In making these remarks, it is not intended to undervalue the great amount of intelligence and industry embodied in these periodicals, or to make any return of ingratitude to the faithful servants of science and humanity, who, in the midst of innumerable distractions, and often at an absolute sacrifice of their material interests, are giving their time and health, and substance, to the demands of this most exacting department of mental labour. The task of filling a vessel which had no bottom, used to be thought a severe punishment enough for regions where the art of torture was a science, but to fill a quarterly or monthly, or weekly receptacle with the pure distillation of two or three brains which have been tapped once, thrice, or a dozen times a quarter for an indefinite period, is more than mortal stamina can support. The natural inference is, that no journal should be established which has not a pretty wide intellectual constituency to support it, unless it wishes to live upon the



common stock without contributing a fair proportion in its turn.

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"In the course of half a century from the establishment of the first of the Medical Journals, their number has been gradually rising, until at the present time, at least twenty are known to be in existence. Some principle in addition to the wants of the reading community, must exist to account for such inordinate fecundity in this particular department. This is to be found in the homely fact, that a medical journal is a conveniently and advertising medium for public institutions and publishing establishments, and that by the *help yourself* system so generally established, it is not necessarily much harder to edit a medical journal than to furnish the 'notes and additions' to the work of a British author. Still, the general character of these journals is respectable, and of several among them highly creditable to the state of medical science. Every year shows that exact observation is more and more valued, and that a better literary standard is becoming gradually established. The Committee would not discharge an important duty, if they neglected to point out what appear to them the most obvious defects noticeable in this important department. The first is a tendency to speculate, and very often to dispute about the ultimate causes of diseases, instead of thoroughly investigating their phenomena. This is a point which has been made the subject of controversy elsewhere. Whether the true version be 'Don't think but try' or 'think, *and* try,' it very certainly is *not* 'think, *instead of* trying,' or 'instead of observing.' Yet, this is the way in which an incalculable amount of time and paper has been wasted, by men of ingenious minds, placed in the very midst of pathological occurrences which had never been properly studied in their character of phenomena, and this it is which gives such a gaseous and unsubstantial character to many of our magazine articles, that even the greedy Abstracts and the cannibal Retrospects, pass them by as diet fit only for the chameleon! Another and sorer cause of complaint, of occasional but not frequent occurrence, is to be found in the liberties allowed to anonymous writers—not so much with regard to each other, for if 'Medicus' and 'Senex' were to succeed in reciprocal annihilation, the loss might not be serious—but with regard to their neighbours at large and to things in general. An editor is responsible that nothing shall be admitted into his pages, the essential character of which is hostile and inflammatory, on the same principle that he is bound to be courteous in his common intercourse. Some errors of this kind are doubtless owing to want of careful supervision on the part of the editor. That such negligence is

very general, there can be no dispute; there is hardly one of the journals whose fair features are not marked with the *acne* of typographical inaccuracies—and as the editors are educated men, the inference is inevitable that they have not read their own pages. Some years since, a leading American Journal remarked of the report of the Massachusetts Insane Hospital, ‘on page 79, is a very important typographical error—the word *chains* occurs twice when it should be *chairs*. No chains have ever been used in the institution.’ But, within a few months the same journal allowed the following words to stand upon its pages as Latin: ‘*mulierem uteres gerentum morta quopiam acuto corripit iefbale*,’ and speaks in its January number, of a disease as being ‘imminently curable.’

“The Committee have no intention of furnishing a list of errata to the periodical works in question, although they have almost involuntarily accumulated the means of so doing. The most unpardonable are those which mangle and distort the names of our medical authorities—‘Lænnec,’ ‘Bærhaave,’ ‘Bonelli,’ ‘Shenk,’ and many more, have suffered this kind of mutilation or martyrdom. On the other hand, some new honours have been awarded by a similar mechanism, and what is still more remarkable, new authorities in science have been created by the same agency. ‘Baron Louis’ received his title in Boston (Nov. 3d, 1847); ‘Sir John Hunter’ was knighted in New York (Jan. 1848), and *Hives*, the inventor of ‘Hives’ Syrup,’ was born a full grown therapist at Philadelphia (April 1842).

“The advertising portion of the journals seems to be considered by some editors as beyond the jurisdiction of medical ethics. It is to this opinion, or more probably to mere inadvertence, that the physician owes the privilege of reading before he opens one of the prominent journals, the notice of one Dr. Beache’s Medical Works, ‘for which he has received numerous gold medals from the various crowned heads of Europe, and diplomas from the most learned colleges in the Old World.’ (July, 1847.)”

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“It cannot be denied that the great *forte* of American Medical scholarship has hitherto consisted in ‘*editing*’ the works of British authors. The Committee are not disposed to disguise the fact that this business has been carried on in a very cheap and labor-saving fashion. A tacit alliance between writers and publishers has infused the spirit of trade into the very heart of our native literature. The gilt letters of the book-binder play no inconsiderable part in the creation of our literary celebrities. Sometimes the additions by the ‘American Editor’

have been real and important, oftener nominal and insignificant. The following calculation of the proportion added to different recently published works, taken at random, will show the average amount of materials so contributed. The Editor's proportion was, in two instances, one-fourth; in two more one-eighth; in one one-ninth; in another one-tenth; in others one-fifteenth, one-seventeenth, one-nineteenth, one-twentieth, one-twenty-eighth, one-fifty-ninth, one-sixty-fifth, one-ninetieth, one hundred and seventh, and, in one instance, such a sprinkling as a single penful of ink might furnish, and leave enough to spare for a flourishing autograph. The fairest fruits of British genius and research are shaken into the lap of the American student, and the great danger seems to be, that in place of the genuine culture of our own fields, the creative energy of the country shall manifest itself in generating a race of *curculios* to revel in voracious indolence upon the products of a foreign soil!

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"But the higher problems of medicine have been, as yet, comparatively imperfectly investigated. Two fatal influences have acted not merely on medical science, but on all natural science in this country. The first is the habit of indolence generated by the easy acquisition of a foreign literature which seems to answer every necessary purpose. The second is the habit of negligence which springs from the curious fact of a constant parallélism, which is not identity, in most natural objects and phenomena of the New World, with something of the older continent. In literature this has enfeebled the relation between words and realities; in science it has induced the same laxity and incoherence. The American constitution must be studied by itself—it differs from the European in outline, in proportions, in the obvious characters of the skin and hair—why should it not differ in the susceptibilities which, awakened, become disease? The American Climate remoulds the European, and casts a new die of humanity—will it not generate causes of disease different from those of the Old World? Over this virgin soil a new Flora is weaving her long web of tapestry, flowing from the lichens of Katahdin to the myrtles of Cape Sable; is there no undiscovered healing in any of its leafy and blossoming folds? Here is the true field for the American medical intellect; not to set English portraits of disease in American frames; not to trust for immortality to a little more or less of manual adroitness or questionable hardihood; but to co-operate with that fast-gathering band of students who, in other departments of science, are studying what nature has done with her American elements, and teach us what disease is here, how it is generated, and what kindly antidotes have been sown in the same furrows with its fatal seeds."



We close this notice of the Transactions of the American Medical Association, by a quotation presented to it, on the subject of adulterated drugs; and may recur to it hereafter, especially to the report of the committee on *indigenous medical Botany*.

"In none of the various branches of trade are such opportunities of fraud offered, as in that pertaining to the preparation of medical agents. Every one, by practice or observation, may derive sufficient information to detect imposition in the various articles of necessity or taste, while but a very limited number are qualified to detect frauds in medicine. Many know, or affect to know, the *modus operandi* of medicines, whose general knowledge does not in reality extend beyond the quantity prescribed and the general external appearance of the various preparations. Every physician cannot, (even in the extended compass embraced in the present requirements of our medical schools,) by possibility, be an analytical chemist; and in a majority of cases, the requisitions of an extended practice and the exigencies of a critical case, would preclude the possibility of an analytical examination. In a practice requiring his assiduous attention and closest scrutiny, it would be exacting too much to expect the physician to be encumbered with a chemical laboratory. We deem the protection afforded by the bill will obviate, to a great extent, the necessity of this procedure.

There are but few of us who have not stood beside the beds of sick friends, and watched with anxiety the professional attention of the physician; and we have staked our confidence and our all on the curative agents administered. Alternate hope and fear animate and depress. The agents given are prescribed in officinal doses; but, alas! they are spurious, misnamed, adulterated; and pressing the subject no further, we leave the imagination to complete the picture.

"No one is exempt from attacks of disease. Soon or late all mankind need the aid of medicine. Oh! who has not thought, when pressed by the hand of affliction, and groaning under the many ills that flesh is heir to, of the happy home, the heritage of our first parents. One act of disobedience brought death and all its concomitant evils. We have seen it in the battle front; we hear its wail when famine and woe are near; it commenced its persecutions at our birth, and will only end them at our death. The All-wise Being has not left us without a solace. The bruised and perturbed spirit, the healing balm of a revealed religion blesses and restores; for the sick and afflicted, a no less bountiful provision is made. Every kingdom in nature opens its bosom and stretches forth its hands to tender

its benefits ; every plant and flower, every hill-top, every valley, the mountain and the sea, all afford him curative agencies, challenge his interests, and awake his gratitude.

Surely, these blessings should not be frustrated ; these gifts of kindness and comfort should not by man's invention and cupidity be perverted from their primitive design. The knowledge expended in adulterating medicine can find no apologist. Connected with it, are degradation and infamy, at which we well might startle. What opinions would we entertain of the cutler who would prepare his instruments, either to break in the surgeon's hand, or with a refinement of cruelty, so construct the knife as that its edge would turn on its first use. Destitution and want may drive a man to seize upon that which is his neighbour's, and we might in pity overlook the crime, or cover it with the mantle of charity ; but the cool-blooded, deliberate, studied, and fatal deception practised in articles designed for the relief of suffering and disease, can admit of no palliation—can find no excuse."

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*Constitution and Diseases of Mexicans.* By ROBERT NEWTON, M. D., U. S. Army.—(New York Journ. of Med.)

In stature the Mexicans are very inferior. The Indians are several inches below what is regarded as mediocrity with us. The inclination to degenerate in size, is remarkable in the Mexican horse, jackass, and their product, the mule ; and the dog is smaller than the animal of the same species in our own country.

Both the Spanish and Indian Mexican is of a nervous temperament. The body and mind are highly sympathetic with each other. The sensibility of the nervous expansions is keen. The remark which has been made by some of our officers, that Mexicans entertain a great tolerance of pain, is, I am convinced, erroneous. Though the Indian from his taciturnity and reserve makes an effort to restrain an exhibition of his sufferings, the involuntary expressions which I have witnessed, convince me that his feelings are very acute. Nervous complaints are exceeding common though more especially with the white portion of the community.

The Indian is distinguished for a capacious chest and a small abdomen.

Among both sexes of the Creoles, and among the females of the Indian race, the adipose tissue is apt to present a remarkable development.

The Indian exhibits a fine instance of muscular development. The strength he is capable of exerting is superior to that of an

European laborer. His great power is particularly manifested in the carrying of burdens. A large chest, small belly, and ample muscle, constitute the conformation of men, who, without fatigue, can march in a day twice the distance the European is able to accomplish.

The natural intellect of the Creole is certainly good—that of the Indian very contracted. Humboldt thinks, that when the mind of the latter is educated, it manifests a tendency “to subtilize and seize the finest differences in the comparison of objects.” He at the same time ascribes to him an almost utter destitution of imagination. Both races possess social feelings susceptible of great refinement. Though their semi-barbarous condition and the unprincipled character of some of their chiefs, have stained their national history with examples of savage ferocity, the real nature of the people is gentle and compassionate. One of the greatest of their faults is too little independence of thought and feeling.

The longevity of the Spanish portion of the inhabitants is not great. It is quite rare to see a man of very advanced age. The Indians live longer. The annual number of births in the capital, in the mean for a term of one hundred years, was 5930, and that of deaths, 5050; so that, apart from emmigration, the population has had very little tendency to increase.

I now proceed to the consideration of the particular diseases as manifested among the inhabitants of this city.

*Intermittent Fever* is by no means a fatal disease. The season of its greatest prevalence is that of April and May.

*Remittent Fever* is almost totally unknown.

*Typhoid Fever* is very common in all seasons, but is most so in April and October. It has the pathognomonic characters which were first noticed by the pathologists of Paris. In the 3d, 9th, and 14th Regiments of Infantry, since their arrival in this city, the fever has prevailed to a very considerable extent.

I arrived here early in December, when I joined the regiment of mounted riflemen. Previously there were a number of cases in the regiment, and the disease had proved fatal to my zealous and indefatigable predecessor, Assistant-Surgeon Suter. But after him, no others in the regiment were affected until the weather became mild.

The cases of typhoid fever which I have seen in the Mexican hospital San Hipolito, and those which have come under my own charge, have been marked by pyrexia; a rose-colored lenticular eruption; tenderness of the bowels, and particularly in the region of the ilio-cæcal valve with a gurgling sound when pressure is made in the latter region; looseness of the bowels; headache; injected conjunctiva; deafness; more or less stupor; a brown



tongue, and a collection of sordes on the gums and teeth; with a belief of the patient that little or nothing was the matter with him. In the most severe cases, there were delirium, subsultus tendinum and involuntary evacuations. Some were accompanied with bronchitic or pleuritic complications. The treatment I have pursued, (and which, in the limited number of cases that have been under my charge, has always been successful,) has been to shave the head and apply to it wet cloths, institute a mucilaginous diet, purge the bowels with castor oil once, or more frequently, (if there is much pain in the bowels and the excretions are vitiated,) apply leeches and poultices to the belly, and administer neutral mixture so long as there is pretunnatural heat and dryness of the skin. If the irritation of the alimentary canal have not been great, I have sometimes given the tartrate of antimony and potassa, with lemonade. When the pleura is affected, I have cupped repeatedly, and endeavored to bring the system under the influence of mercury. I have been studious to cause in the patient's room, a constant renewal of the atmosphere, and during the day, have sometimes removed him to the open air. The shirt and bed-clothes have been frequently changed.

To the *Small-pox* is due the terrible reduction which the Indian population has experienced in some parts of this country since the first entrance of the Spaniards. The disease appears almost exclusively in the form of an epidemic, occurring at very marked intervals. Its ravages were awful in 1763, and still more so in 1779, when in the capital alone it destroyed more than 9000 persons. "A great part of the Mexican youth were cut down that year." In consequence chiefly of the introduction of the variolous inoculation, the epidemic of 1797 was less destructive. The vaccine inoculation was first introduced in 1804, by Thomas Murphy, who brought the matter from the United States. It was readily submitted to by the inhabitants, who had previously been convinced of the value of an analogous process—inoculation with variolous matter. The introduction of vaccination was matured by a Spanish medical commission, which was despatched by the Government to carry the process into Mexico and other Spanish colonies. Original matter has been obtained from the udders of cows in Atlixco and near Valladolid. Although the small-pox, now that its extension and violence are controlled by vaccination and rational treatment, is divested of much of its fearfulness, in the history of Mexico it stands pre-eminent as the instrument of death. Terrible must have been its ravages to have given occasion to the statement of Motolinia, that in 1520 it carried off one half of the inhabitants.

*Yellow Fever* does not appear in the capital of the Republic, but the *Mallazahuatl*, a disease described as resembling the former, has raged here as an epidemic in times long past. It occurred in the years 1545, 1576, and 1736. Torquemada estimates the mortality caused by it in the first mentioned year at 800,000, and in 1576 at 2,000,000. It is remarkable for not attacking whites and those in whose veins is mingled the blood of the white man.

*Diarrhœa* and *Dysentery* are, when taken aggregately, charged with a greater mortality than any other disease. Indeed, this mortality amounts to nearly one-fifth of the whole.

That form of *hepatitis* which results in abscess is very common—these abscesses often discharge several pints of pus. It has been found best to make a very free external opening to the abscess; nor is it thought necessary to be solicitous about the admission of air, which is not supposed to be injurious. At least, the advantage accruing from maintaining a passage constantly free for the issue of pus, more than counterbalances the injury from the air. In this way, I learn from Dr. Galenzowsky, more than one-half of the cases are cured.

*Catarrh* and *Bronchitis* are diseases of ordinary occurrence; but *Phthisis Pulmonalis* is very rare. *Vesicular Emphysema* is frequent.

Mexicans have already been stated to be subject to nervous affections. Among these may be specified cephalalgia, epilepsy, neuralgia, paralysis, and chorea.

*Calculus* is very seldom met with in the city of Mexico. In some other parts of the Republic, it is more common.

In respect to *venereal diseases*, they may be stated to be one of the greatest banes of the country. There are few males of middle age in the city of Mexico, who have not been subjects of this disease. Nearly all of the lower class of females, also, have been affected. This is at once an effect and illustration of the immorality of the population. The chancre among the Mexicans is generally of the Hunterian character, and apt to be followed by secondary symptoms. I have frequently heard our medical officers affirm the difficulty of managing venereal affections in this place.

*Dropsies* are common. *Hemorrhages*, though the fact may seem strange in a country where the external pressure of the atmosphere is slight, are rare.

The inhabitants of this city are much subject to *Pericarditis* and *Endocarditis*, and also to *organic affections* of the *Heart*. Ossification in the vascular system, however, is said not to be unusually frequent.

But one of the most strikingly common diseases in this place,

is *Senile Gangrene*. Being present recently at an amputation of the thigh performed on account of this disease, I extracted the popliteal artery, which clearly demonstrated, in part, the pathology of the affection. In the cardiac portion of the artery is a coagulum of blood; but situated in the peripheral portion, and separated from the coagulum by a narrow section in a state of transition, is a cord of white fibrin. It is to be supposed, that the inner coat of the artery being inflamed caused a coagulum of blood (as in the analogous case of endocarditis,) which was succeeded by fibrin.

The poor are much affected with *indolent ulcers*, generally situated in the legs. These ulcers are a frequent cause of death.

In walking the streets, one constantly meets persons with *affections of the Eye*. The most common are opacity of the cornea, fibrinous occlusion of the pupil, and inflamed and hypertrophied conjunctiva. Although many cases are exhibited for mendicant purposes, enough others are seen to convince a stranger that the number is extraordinarily large. Inflammations of the cornea and iris, it is well known must be treated promptly and judiciously or the sight will almost certainly be lost by the exudation of coagulable lymph. Now there is probably no more improvident people in the world than the poor of this city. Need we wonder then at the opacities and occlusions? Besides, when we reflect that iritis is frequently produced by syphilis, and that conjunctivitis, as well as inflammation of deeper tissues, is a result of gonorrhœal inoculation and of catarrhal influence, and, moreover, that syphilis, gonorrhœa, and catarrh, are here exceedingly prevalent, we have a most satisfactory explanation.

Considering the fact that close study is not an ordinary phenomenon among Mexicans, *Myopia* is found in the cities of the table-land to an extraordinary extent.

To *diseases of the Skin*, the constitution of the Indian seems rather disinclined. There is, however, one horrible cutaneous affection which is frequently encountered. This is the *Elephantiasis Græca*. There are three forms. The first is characterized by tubercles, generally varying from a quarter to three-quarters of an inch broad; disposed to squareness of shape; projecting, red or livid in the beginning, susceptible of change to a bronze hue; sometimes indolent, at other times more sensitive, and accompanied by a swelling of the subcutaneous cellular tissue; preceded by spots of a variable red; beginning usually at the root of the nose, and extending over the head and upper extremities, then affecting the lower, but seldom occupying the trunk. This is called the tuberculous form. The second, called the anæsthetic, is characterized by



want of sensibility in the extremities of the limbs, and by absorption of the bones. I have seen the auricular and annular fingers as completely removed by absorption as by amputation at the metacarpo-phalangeal articulation, and without any semblance of a cicatrix. The third form was first described by Dr. Lucio, physician to the San Lazaro Hospital, in this city, for the accommodation of patients of this disease. It consists principally in the production of red and painful discolorations, which commonly terminate in ulceration. The subjects of this form are called *lazarinos*. Two or more forms sometimes co-exist in the same individual. Dr. Lucio has discovered in the inspection of such as die from this disease, the frequency of certain alterations in the spleen. The first and second forms may be regarded as incurable. The patients, after having been affected many years without any material derangement of general health, usually die with diarrhœa; and in such cases the mesentery is found to contain deposits of tubercular matter. The San Lazaro Hospital was erected in the year 1811. In the year 1844, it had received in all, 82 women and 123 men. Elephantiasis affects only the poor, and particularly such as are exposed to strong heat and humidity. All the patients in this city come from the western side, though I am not aware of any explanation of this fact. The subjects are from 15 to 40 years old.

Looking for the local causes of disease, the mind immediately recurs to the large expanse of surface in the valley of Mexico, which is annually flooded by rains and dried during the dry season. The portion subject to these changes is not less than one-tenth of the whole valley. Here is a grand laboratory for the production of intermittent miasmata. These, however, do not appear to be evolved in the highest amount until the close of the dry season, when the heat is greatest, and the superimposed layer of water has been evaporated.

Another cause of disease is the humidity of the atmosphere during the wet season, when heavy rains occur every day, frequently flooding the streets of the city. The perspiration of the body not being duly evaporated, it becomes necessary that the supply of heat should be diminished to prevent the temperature of the system rising above the normal standard. This supply is founded in the conversion of the carbon of the system into carbonic acid gas, and can be diminished in several different ways. It may be effected by the deposition of carbon in the form of fat, a process, however, which nature is frequently indisposed to adopt. Then the supply of carbon to the system may be curtailed by reducing the amount of food, which is the appropriate mode of overcoming the difficulty. Nature indi-

cates this course by lessening the appetite in such cases. But when the constitution is disinclined to the formation of fat, and when the appetite is artificially stimulated as it is in Mexico by the constant and excessive abuse of alcoholic drinks, red pepper and garlic, then the superabundant carbon remains only to be eliminated by the liver as an element of the bile. The excitement of the liver necessary for this extraordinary labor, disposes it to inflammation. The increased vascularity of the intestines required for a supply of blood by the portal circle, sufficient for the extraordinary secretion of bile, renders the intestinal canal also predisposed to inflammation. This predisposition of the canal is increased by the irritation attending the reception of the unusual amount of bile and of fruits, here almost unlimited in variety, and some of which are not very healthful. Now if a man in the condition just described, with his system overheated and debilitated, go out doors into the rain and wet his feet with water which has flooded the streets, the surface of the body is too rapidly cooled, and the liver or bowels, already excited, become almost unavoidably the seat of inflammation. We have thus no difficulty in understanding why hepatitis, dysentery and diarrhœa are here so frequent.

The very great difference in the temperature of day and night, and of sunshine and shade, with the thin mode of dressing, is a sufficient cause for the prevalence of catarrhs and bronchitis, as well as other internal inflammations. It is true that the contiguity of the lakes has a tendency to equalize the temperature of day and night; but there are other causes which render it extremely unequal. These are, the clearness and stillness of the atmosphere; the want of trees and other projecting bodies; and finally the rareness of the atmosphere, which, in consequence of this rareness, has less power to maintain an equilibrium in the heat of the body, and leaves it more exclusively exposed to the influence of radiated caloric. The latter agency, in connection with the thickness of the walls of houses, renders the change of temperature very great in passing from the sun into the house. Drafts of air, however, have for the same reason, less potent influences here than in a denser atmosphere.

To the rareness of the atmosphere, also, as may be reasonably imagined, should be attributed the prevalence of vesicular emphysema.

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*On the Management of Still-born Children.* (M<sup>c</sup>Clintock and Hardy's Pract. Observations, from Brit. Am. Journ. of Med. and Phys. Science.)

The management of suspended animation in new-born children is a subject so well understood; and the principles upon which it should be conducted are now so clearly recognised, as to render any lengthened observations thereon wholly unnecessary in a work like the present. The following short description, therefore, of the practice of the Hospital in this class of cases, (not the least important or interesting to the accoucheur,) is purely confined to practical details especially such as relate to the use of the *stethoscope* and of *artificial respiration*.

When a child, immediately after its birth, exhibits none of the ordinary signs of vitality, such as respiratory efforts, or muscular contraction, the question will at once suggest itself, does life yet remain—is there still a possibility of restoring animation? We hesitate not to say that the most accurate information upon this point is to be derived from the stethoscopic examination of the heart, for we have seen very many children resuscitated with whom the *cardiac pulsations as detected by mediate auscultation*, had been the only proof of lingering vitality. What the effect of such evidence should be on the physician's conduct we need not at this moment stop to inquire; but it would undoubtedly prove a source of much encouragement under circumstances otherwise apparently hopeless, and at a time when he must be oppressed with the consciousness that the result of his endeavours is awaited with the most intense anxiety and solicitude. We have seen many infants restored to animation in whom respiration was for a long time suspended, yet we never saw a single instance where the slightest symptoms of vitality could be produced if the heart's pulsations had ceased to be audible when the child was born. It may be asserted, without fear of contradiction, that had the stethoscope been used, no such accident could ever have happened as a doctor ordering an infant to be removed as dead which afterwards recovered without any assistance. Let it not be supposed, from the preceding observations, that we would recommend any innovation upon the rule that resuscitations should *always* be attempted in the absence of the signs of decomposition; to the excellence of this precept we give our full concurrence.

Children labouring under suspended animation at the time of birth are found to present very different external appearances, which, it may be supposed, are regulated by the extent and kind of lesion the vital functions have sustained. Now we think that, setting aside physiological considerations, and



looking solely to practice, all these cases may be conveniently arranged in two classes, whose characteristic features are drawn from the general condition of the infant. In the one case the child is pale and perfectly flaccid; the eyes are closed; there is complete relaxation of all the muscles; great flexibility of the joints; and the finger can be pressed into the pharynx without any opposition being felt. In this form, which we are inclined to think is, perhaps, the more dangerous of the two, the state of the child closely approximates to syncope, as there seems to be a failure or deficiency of the vital principle.

In the examples of the second class, the outward appearance of the child is totally different, and would seem to be the result of great cerebral congestion or apoplexy. The surface of the body is apparently swelled, and of a red or livid colour, and both these characters are most remarkable in the face and neck; the eyelids are generally apart, and the eye-balls prominent, with more or less injection of their conjunctival membrane. There is seldom that extreme mobility of the limbs and flaccid state of the muscles that we see in the former class of cases. This state of the fœtus was very apt to occur where the umbilical cord had tightly encircled the neck, or where the expulsion of the body did not take place for some time after the head.

Should the child not begin to breathe immediately after its birth, sprinkling the chest and face with cold water generally proved a most efficient means of stimulating the respiratory muscles, and exciting sensibility. This is a measure, however, which cannot be persisted in after the first or second trial, as it is of too depressing a nature; on this account, also, it is not well adapted to the cases included in our first class. It was, of course, an established rule not to sever the connection between the fœtus and placenta as long as the pulsations of the cord continued distinct. If the child presented an apoplectic appearance, some blood (3ij. or 3iv.) was allowed to flow from the fœtal end of the funis after its division. This simple mode of depletion frequently produced the most beneficial effects, relieving the oppressed state of the nervous system, and being speedily followed by signs of increased sensibility. If a sufficient quantity of blood could not be procured from the funis, the application of a leech to the temple was frequently attended with marked advantage. When the cord was long enough to admit of it, the warm bath was sometimes employed before cutting it. Smartly slapping the chest or buttocks is often resorted to with advantage in mild cases where the suspension of animation is only partial; but it will not, we think, be found to answer any good purpose if the infant be in a low state of

vitality. Ammonia applied to the nostril is an excellent restorative if there be any attempts at inspiration, so that it can be inhaled, but otherwise it is of no use. These efforts of the child to breathe will be very much assisted by compressing the epigastrium and sides of the chest with the hands, so as to empty the lungs of the inspired air as effectually as possible. In the first instance, and before adopting other measures, it is of importance to rid the mouth of any mucus that might hinder the entrance of air by obstructing the glottis. For this purpose, Gardien recommends a pledget of lint dipped in a solution of common salt to be used. A flexible tube, with a pump attached to it, has also been employed; but we give the preference to the finger over every contrivance.

In every instance where the process of respiration was slow of being established, or very imperfect after two or more trials in the above restorative measures, artificial respiration was commenced, and continued, *with intermissions*, until the necessity for its further employment was superseded by the natural performance of the function, or until the gradual failure and cessation of the heart's action showed that all attempts at recalling the vital principle might be relinquished. We have said "with intermissions," because it was generally thought advisable to suspend the process for a moment or two at intervals, just to see if the failure of the supply of air to the lungs would stimulate the child to make an effort at inspiration. A gum-elastic male catheter, of the full size (No. 9 or 10) was the instrument used on all occasions for inflating the lungs. The child was placed in a horizontal posture, with the neck considerably extended, and the head bent rather backwards; the catheter was passed a short way into the mouth, and the lips and nostrils were then kept closely compressed, at the same time that the larynx was gently pressed against the spine, so as to favour the ingress of air into the trachea, and to prevent or obstruct its transmission down the œsophagus. Alternately with the insufflation of the lungs, a slight degree of pressure was made on the epigastrium and ribs, with a view to assist expiration. There was great difficulty with some children in directing the current of air down the trachea, and keeping it from distending the stomach. This was avoided by placing a hand on the præcordial region, and altering the position of the head and larynx. During the process of inflation, which was repeated at short intervals in imitation of natural respiration, whenever the child made any attempt to breathe, the compression was instantly removed from the mouth and nose, in order to give every facility to the entrance of air. It was considered a point of importance, in blowing through the

catheter, to do so in the manner of using the blow-pipe, namely, that the efforts should be made by the mouth and soft palate, and not by the chest; and consequently, that the air should come from the mouth, and not from the lungs of the operator. This mode of inflating the lungs of still-born children is, we conceive, open to fewer objections than any other. In the first place, the degree of force with which the air is propelled can be carefully regulated; secondly, its temperature is raised before entering the chest of the infant; thirdly, in quality it is little, if at all, removed from pure atmospheric air; and, lastly, no injury can possibly be inflicted on the soft parts within the mouth of the child. From our experience of this measure we must speak of its utility in terms of the strongest commendation, as we never could trace any evil effects from its employment, whilst in very many instances we have had every reason to believe that the child's life was preserved by its means.

The artificial respiration very constantly accelerated the action of the heart, where this was at all pulsating at the time of commencing the process; but we never observed that it restored in the least degree the cardiac movements after these had ceased to be perceptible. The recovery of the child did not, by any means, follow as a consequence, of this improvement in the heart's functions; for, on many occasions, we have known the pulse to double its rapidity under the employment of this agent, but as soon as its use was suspended, the velocity of the circulation would quickly diminish, again to become raised on inflating the lungs; and thus we have seen matters go on alternating for two hours or upwards, and yet the great object of our exertions not be ultimately attained.

When, however, this increased frequency of the pulse is accompanied by other indications of vitality, such are restoration of the natural colour to the surface, the efforts at respiration recurring at shorter intervals and with more strength, signs of muscular irritability in the limbs and face, &c., we may calculate, with tolerable certainty, upon a successful issue to the case.

The artificial process was generally left off as soon as natural respiration was at all established, or at least sufficiently so to maintain the heart's function in that state of activity to which it had been raised by the temporary expedient of inflating the lungs. As resuscitation can seldom be considered complete and satisfactory until the infant breathes naturally, or cries aloud, it was often necessary to proceed with the employment of restorative and invigorating remedies for some time after the discontinuance of artificial respiration. As soon as the child could swallow, small quantities of white-wine whey were given



from time to time; or if it seemed very languid and feeble, a small enema containing a few drops of the fetid or aromatic spirit of ammonia was administered. But by far the most important point in the management of these weakly, delicate infants, or of such as are in a similar condition from having been born prematurely, is to support the temperature of their bodies by artificial means. For this purpose nothing answers so well as cotton wadding, being softer and warmer than flannel or any of the materials ordinarily used in the clothing of children.

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*On the Employment of Quinine in West India Fever.* By DANL. BLAIR, M. D.—(Lond. Lancet, and Charleston Jour.)

When quinine is taken by an adult to the extent of thirty or forty grains, it produces certain cerebral symptoms, the constituents of which are a ringing noise in the ears, and more or less deafness.

This set of symptoms, where there is no idiosyncrasy, indicates the saturation of the system by the medicine, as ptyalism does mercury, and may be conveniently known by the name of *cinchonism*.

Rare instances occur in which hyper-cinchonism is induced by a very few grains of quinine, accompanied by many nervous symptoms, and formication so severe as to proscribe the use of the remedy. In some—and this may occur in cases which had hitherto been normal—cinchonism has not been induced till after the administration of seventy-two grains of quinine.

Cinchonism is not peculiar to quinine: by other vegetable febrifuges, such as salicine, angustura bark, and bebeerine, cinchonism can be induced, but not with the same certainty as by quinine, neither in the same uniform series of phenomena, neither with the same harmlessness.

Cinchonism seldom lasts longer than twenty-four hours, except in some cases of anæmia, in which the writer has known it continue upwards of a week.

Quinine has been prescribed by the writer to patients of both sexes and all ages, and where ascertainable, almost invariably to cinchonism, during thirteen years, and probably to the extent of several thousand ounces of the sulphate; and during that time he has seen no case of danger from its effects, with the exception of three or four cases, of imputed abortion.

To many the muffled ears of cinchonism is not even disagreeable. Cinchonism is capable of superseding and suppressing that excited condition of the circulation and animal heat known as fever, except when depending on anæmia, as symptomatic of inflammation, or its effects.

Quinine is purely a febrifuge : instead of being a tonic or stomachic, it generally induces anorexia, and a relaxed and macerated state of the skin, some tremulousness, and in many cases slight aphonia.

As a febrifuge, the full efficacy of quinine is seldom obtained, unless pushed to cinchonism. Cinchonism is, therefore, the test and criterion in practice of the full and sufficient use of quinine. It is probable that the protective influence of quinine against fever, seldom lasts longer than the manifestation of cinchonism. The ordinary headache of fever does not contraindicate the use of quinine.

The power of quinine seems to be to cut off the connection between local irritation and constitutional excitement, to disturb and break the series of morbid elaborations set up in some specific fevers, which terminate for the most part, in contamination of the blood and loss of vital cohesion of the capillaries. In intermittent fever it is antidotal.

Quinine is of little efficacy in intermittent fever, when exhibited during the paroxysm.

Quinine is of no efficacy in the last stage of continued or remittent fever, where the vascular and thermal excitement have been succeeded by organic lesion or contamination of the blood. It should be given, as is well known, in the intermission of intermittent fever, and in the formative, or in the first stage of continued remittent or yellow fever.

The use of quinine against relapses of intermittent fever, whether the disease had been primary or secondary, is one of its most valuable applications.

In using quinine against the paroxysms of intermittent fever, hourly doses of three grains, till twelve doses be given, is the best mode of saturating the system with the remedy. If, however, the disease be a quotidian, with short intermission, six-grain doses hourly, till six doses be given, will be judicious practice.

In the other fevers where quinine is eligible, and the remedy is prescribed during the existence of febrile excitement, the dose, to be efficacious, must be large, and the impression on the disease sudden and overwhelming.

An auxiliary, too, is also required in such cases : twenty-four grains of quinine and twenty grains of calomel, in one dose, is the most powerful resolvent of fever. One or two such doses, with an interval of six hours, and followed by a castor oil purgative, are generally sufficient ; but I have prescribed six such doses with efficacy, and I recollect no instance of ptyalism occurring when this treatment was required and adopted, and sometimes there is but mild cinchonism. An intolerance of

quinine, or early and intense cinchonism, in such cases, is one of the worst prognostics.

In the treatment of simple intermittent fever, or its relapses, calomel is rarely, if ever, prescribed by the writer. Sulphate and carbonate of magnesia mixture, or sulphate of magnesia and tartrate of antimony mixture, as a purgative during the hot stage, (if needed) or fifteen drops of solution of acetate of morphine, with a drachm of sweet spirits of nitre, if there is much suffering from muscular pains, headache, or emesis and retching, will speedily relieve the paroxysm; and followed by quinine, in combination with purgative doses of rhubarb, will fulfil all the indications for the intermission.

But when a European or North American, probably not long from a cold climate, and during the prevalence of malignant disease, is attacked by fever, and shows to the quick and practised eye alarming indications, no fear of the injurious after-effects of the mercurial will have weight to withhold the resolvent dose of calomel and quinine. In cases threatening danger to life only need it be used, and I know of no instance wherein the slightest untoward result has been experienced from its use.

The combination of quinine with tartar-emetic in pneumonic and bronchitic complications of intermittent is eminently successful. The forces which disturb the remedial power of quinine in fever are chiefly inflammatory and congestive complications, or a loaded condition of the alimentary canal. These must be obviated by appropriate treatment, and the disease rendered as simple or idiopathic as possible, concurrent with the use of quinine. Thus arteriotomy may frequently be required in continued, remittent, or yellow fever; and in intermittent, with tenderness over spleen, a blister may be required, as an auxiliary to cinchonism.

There is a form of continued, or irregular remittent fever, occurring chiefly in children or adolescents, in which generally no local cause can be discovered, but which is often imputed to worms; but give what anthelmintics you will, no worms may be passed; hence here they are popularly called "stuborn worms." This fever may continue for a week or a fortnight without any contamination of the blood or loss of vital cohesion, and probably depends on intestinal irritation. Danger in these cases chiefly arises from the supervention of some lesion, induced by the long-continued and excessive heat and violent action of the heart, or sympathetic irritation of the brain. In these cases I use quinine, with immediate and signal efficacy, in the following manner:—

The patient is put into a bath, and the cold affusion is applied, till the pulse becomes small, and nearly extinct, at the wrist,



and the skin cold. He then, while in the bath, gets his dose of quinine, (two or three grains,) and is returned to bed without being dried. The bath and the dose of quinine are continued hourly, as long as the skin persists warm, when the hourly dose of quinine is due. After five or six baths the skin generally becomes permanently cool, and then the quinine is pushed on to cinchonism, alone, and without the bath. This mode of making an intermission in a continued fever I have never found attended with unpleasant or dangerous consequences, and it will generally subdue the fever after every other method has been tried in vain.

In fever of doubtful origin, and where latent inflammation is suspected, I have frequently used a small cantharides blister as a test: in fact, I never like to pass the blistered surface of a patient without inspecting it, its revelations are often so interesting and important. If, instead of the usual vesication of thin serum and cuticle, the vesication is a bladder of fibrinous coagulum, or suety in consistence, inflammatory action is going on, probably in the neighborhood of the part, and tartar-emetic, or such-like combinations are indicated.

Relapses in intermittents have there determinate periods, the day from the last attack being generally some multiple of seven.

The usual day of relapse among the acclimatized of this colony is the fourteenth or twenty-eighth.

After one or two relapses, the law of each individual case can be ascertained by each patient.

The prophylactic which I have adopted with great success, and in my own person first, many years ago, is as follows:

Two days before the anticipated relapse, three grains of quinine, to be taken thrice daily for four days; and after a similar relapse interval, the quinine to be again taken in the same manner; and so on, repeated three or four times successively. The disease is eradicated completely by thus baffling the relapse.

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*Quinine.* By WM. FLETCHER HOLMES, M. D., of Newberry, So. Carolina.—(Charleston Med. Journ. and Rev.)

There are various conflicting opinions in relation to the action of Quinine upon the animal economy; some authors advocating its sedative, and others its excitant properties; whilst perhaps a majority regard it as either stimulant or sedative, according to the dose. In large doses, experience has led me to look upon it as a sedative to the vascular, but an excitant to the nervous system, producing a high degree of nervous erethism,

a peculiar irritability of the nerves, which supply the organs of hearing and vision, and a vertiginous sensation described by patients as extremely distressing. This tendency which Quinine possesses, of augmenting, and indeed originating determination to the brain, has led to its exclusion in fevers accompanied with cerebral congestion, or inflammation, or nervous excitability. For some time past physicians have been on the *alerte* to discover some agent which would neutralize this peculiar property of Quinine without impairing its febrifuge powers. The West and South-West have exultingly proclaimed "Eureka," and hold up to us morphine as the long sought desideratum. But impartial observation will convince any eclectic practitioner that any preparation of opium will enhance to an alarming extent the prevailing determination to the brain. Ever since I took my degree, this subject has been a matter of inquiry and experiment with me, and I have come to the decided conclusion that *Digitalis* modifies the action of Quinine, in this particular, to a more considerable extent than any other agent. I have administered Quinine in large doses, in combination with this medicine, to young children, whose nervous systems are very mobile and impressible, with the happiest effects, and without producing any of those unpleasant symptoms, commonly attributable to the free exhibition of this potent febrifuge. To delicate females, whose constitutional aversion to this medicine amounted almost to idiosyncrasy, it has been given with a few drops of the tincture digitalis, with the most pleasant results. In bilious remittent I do not hesitate to exhibit Quinine, as mentioned above, even when the exacerbation is at its height, and the consequences are often seen in an abundant flow of the cutaneous transpiration, a prolonged remission, and in many instances a complete apyrexia.

I regard Quinine as possessing high antiseptic properties. In malignant and protracted fevers, where it is desired to make a mercurial impression upon the system, in combination with calomel, it (Quinine) assists in the development of ptyalism, and at the same time modifies the well known tendency of that powerful alterative to produce ulceration of the gums, sloughing of the cheeks, etc. In typhous and typhoid fevers, it has seemed to me to correct the indisputable proclivity to putrescency of the fluids, as indicated by petechiæ, and the prompt disposition to gangrene of vesicated surfaces. In the dothen-enterite of typhoid fever, in combination with calomel and the nitrat. argent., it has been given with the happiest effects; and in the "congestive chills" which have latterly sprung up into such gloomy notoriety among us, it is the sheet-anchor of the physician's hopes, and sooth to say, it rarely fails us in the hour of

trial. Upon its abundant exhibition alone must the practitioner base his expectations of success, and its rapid and powerful action often transcends our most sanguine anticipations.

The attention of the profession has hitherto been solely directed to the action of Quinine as a febrifuge, overlooking what I consider of paramount importance, viz: its special affinity for the nervous system, and its peculiar adaptation to the relief of neuropathic affections of long standing.

In a protracted case of neuralgic dysmenorrhœa, accompanied with intense cephalalgia, which resisted cups and vesication, in which the most powerful alteratives, such as mercury, guaiac, iodine, and the arsenical solution had been vainly tried, I administered Quinine combined with carb. ferri and belladonna, with decided effect.

This may seem inconsistent with my belief in its stimulant property, and I can account for its efficacy in this instance upon no other grounds than its obvious analogy with the beneficial exhibition of stimulants in the chronic phlegmasiæ. In the treatment of epilepsy, chorea, St. Viti, I am disposed to look for important results from the use of Quinine.

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*Nitrate of Potass in Rheumatism.* (Boston Med. & Surg. J.)

At a meeting of the Royal Medical and Chirurgical Society, London, Nov. 14, a paper was read by W. R. Basham, M. D., "On the employment of nitrate of potass in acute rheumatism, with suggestions for the use of saline solutions as external applications in local rheumatic inflammation." The author takes, as the basis of his essay, the following facts: 1st, that in acute rheumatism, as in other inflammatory diseases, the most important changes in the composition of the blood are the increased quantity of fibrine, and the deficiency of the saline ingredients; 2d, that where this state of the blood exists there is a special disposition to the deposit of fibrine, and the formation of adventitious tissues; while in diseases in which the fibrine is deficient, and the salts in excess in the blood, the blood does not coagulate, and hæmorrhages of a passive character occur; and 3d, that although, as his own experiments have satisfied him, saline solutions have not the power of dissolving coagulated fibrine, yet certain salts in solution, mixed with the blood at the moment of its escape from the body, possess the property of suspending or retarding the separation of the fibrine. He next inquires whether any therapeutic principle can be derived from these facts, and proposes the question, whether saline remedies, largely employed, may not suppress the tendency to the fibrinous exu-



dation, or retard it, so as to give time for other remedies to diminish the proportion of fibrine present in the blood. With reference to this question, he alludes to the observations of several physicians on the use of nitrate of potash in acute rheumatism, and details his own experience of its effects. He gives one, two, or three ounces of nitrate of potass, largely diluted (in two quarts of water), in the twenty-four hours. In the majority of cases no obvious effect is produced on the force of frequency of the pulse, the digestive functions, or the quantity of urine exuded. But the urine always acquires a high specific gravity, and nitrate of potass may be detected in it. The swelling, heat and pain of the joints affected with rheumatism are relieved in a most marked degree, even when no other remedies are employed at the same time. There is a certain amount of exemption from cardiac complication; and cardiac inflammation, when present, is more amenable to remedies. In a case which the author relates, he examined the blood of the patient before the commencement of the saline treatment, and again after this treatment had been continued for some days. In the first instance it was buffed and cupped, the fibrine was in excess, and the salts were deficient. After the administration of the nitre there was no buffy coat, the proportion of fibrine had diminished, and that of the salts greatly increased. The author presumes, therefore, that while the internal use of the nitrate of potass assisted to restore the proportion of the saline constituents, the other treatment employed tended to lessen the excess of fibrine. Some remarks of Mr. Gulliver have led the author to investigate the effects of the external application of saline matters to parts affected with rheumatism. His experiments have been principally made with nitrate of potass. In chronic rheumatism he has used the iodide of potassium, and in gout the bibasic phosphate of soda. He applies the saline substance by means of the spongio-piline, a portion of which, large enough to envelop the part affected, having been moistened with water, the salt employed is sprinkled in powder freely on the spongy surface: it is then applied to the part, and secured with a roller. In numberless instances, by this simple treatment, he has witnessed the most palpable and instant relief to the local inflammation. Constitutional remedies were employed at the same time, but the relief was proved to be due to the saline applications, by the fact, that where several joints were affected, only those were relieved to which the salt was applied. At the end of the paper the author gives an abstract of seventy-nine cases of acute rheumatism, showing the results of treatment, and other particulars.

Dr. Henry Bennett had witnessed the results of a similar

mode of treatment to that practised by Dr. Basham, in Paris, in 1837, and subsequently. In that year, M. Gendrin had instituted a series of experiments with the nitrate of potash, in acute rheumatism. He gave it in doses varying from six to twelve drachms. He had seen this treatment adopted in about as many cases as were recorded in the paper before them, and with the same result. It was found to be a safe, powerful, and energetic remedy. In the experiments of M. Gendrin, no other medicine was given, not even aperients. The result of the treatment was generally successful, but in every tenth or twelfth case it was found necessary to resort to the old remedies, bleeding, calomel, and opium, &c. It was noticed, also, that patients treated with the nitrate of potash were unusually free from cardiac disease, more so, indeed, than when any other kind of treatment was adopted. Another noticeable circumstance connected with this mode of treatment was, that patients recovered more rapidly from the disease than when any other plan was pursued. This was most important, particularly in Paris, where bleeding was often resorted to, to a considerable extent, and patients were consequently kept months, and even years, in a weakly condition. He had never seen any injurious effects from large doses given. This, no doubt, was owing to the large quantity of fluid in which the medicine was dissolved. In all cases of poisoning by this agent, recorded in works on medical jurisprudence, the quantity of fluid used was small. The plan pursued was perfectly original, and the originality was due to Dr. Basham. In slight rheumatic cases, in which there was little febrile action, this treatment was most beneficial, the patients recovering in four or five days.

Dr. C. J. B. Williams inquired the number of days that it required to give relief to the acute symptoms in rheumatic fever.

Dr. Basham said, that in only two cases had he treated the disease by nitrate of potash alone. The acute, inflammatory symptoms usually gave way on the third or fourth day; and it was important to state, that in no one case treated by the nitrate of potash had there been any relapse. This was a strong recommendation of the value of the treatment, when we recollected how common relapses were, when the other modes of treatment were employed. In the first instance, he had given as much as four ounces of the salt in the twenty-four hours, but he had now reduced the quantity to one or two ounces in that period. A great quantity of the salt escaped by the urine, the quantity of which was not much increased, but its specific gravity was a great deal higher, averaging between 1030 and 1040. This increase in the specific gravity he considered was due to the potash.

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*The Instrument for Tracheotomy.* By MARSHALL HALL, M. D.  
(London Lancet.)

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Every recollection I have of tracheotomy convinces me that it is far more advisable to remove a circular portion of the trachea, and to secure the integuments and muscles from passing over the orifice made, than to use a tube.

In one case, after the use of the tube for a few days, with much inflammation and irritation, it was removed entirely, and the patient breathed freely several weeks through the orifice only.

In another case, the tube excited so much inflammation as, I believe, to prove fatal.

I would therefore propose the rejection of the silver tube. This may be still more necessary in tetanus or hydrophobia, should the operation ever be performed in these cases, than in any other, on account of the augmented irritability of the spinal system.

Reduced to this simplicity, therefore, all that is required is an instrument for removing a circular portion of the trachea. A steel tube with an extremely sharp edge at the lower part, to which a piston is accurately fitted, is all that is required. All hæmorrhage having ceased, this tube must be accurately applied to the trachea, and with a little force, and the piston is to be drawn smartly upwards. The portion of the trachea is drawn into the tube with a slight report.

It must be admitted, however, that such an instrument would require to be in excellent order, and to be used with a skilful hand. The profession are therefore indebted to Mr. Weiss, who kindly volunteered his aid in carrying out my suggestion, for proposing a material improvement in my instrument.

It may be known that a steel tube, with a lower cutting edge, through which a small screw, in the form of a cork-screw, is made to pass, is employed for removing a minute portion of the tympanum in certain cases of deafness. Mr. Weiss proposed to use a little cork-screw of this kind instead of the piston, in the instrument for tracheotomy, and such an instrument is now before me.

The portion of trachea is seized by the screw, and the steel tube descends with a rotary motion, and removes the portion of trachea with the utmost facility and certainty.

A still more simple instrument could be constructed, by substituting a small *tenaculum* for the cork-screw. Indeed, with the aid of a small tenaculum, the skilful surgeon would readily remove a circular or oval portion of the trachea, by means of a couching-needle or a very small scalpel; or such an instrument might be made to revolve round a fixed point. Thus, then, the



profession is provided with a ready mode of performing tracheotomy.

Besides the case of laryngitis, of tetanus, or of hydrophobia, the patient in the stertor of drunkenness, of epilepsy, or of apoplexy, when this is extreme, dies of asphyxia. Now that tracheotomy is rendered so safe and easy, I trust such an event will not again be permitted to occur.

There is another view of this remarkable question. I believe no violent *general* convulsion could occur, if the glottis were not closed; in other words, if the trachea were opened. Might not the faculties, or the life of the epileptic patient, be preserved by tracheotomy, the orifice being preserved open? The wound might be healed like that of the pierced ear, and opened or closed as the occasion required. I would propose this measure, as a preventive, in the case of frequent severe epileptic seizure. Over the orifice a proper guard might be worn, permitting the ingress and egress of the air, and admitting of being closed at will for articulation.

One gentleman has asserted that the hydrophobic patient does not die of asphyxia. I should think he never *saw*, or carefully observed and watched, a case of that most fearful of maladies, as he is obviously unacquainted with the writings of Dr. Physick, of Philadelphia.

I need not remind my readers of the importance of some proper instrument for the performance of tracheotomy in *infants* and children, in whom the free *space* over the trachea is so limited.

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*On the Internal Use of Turpentine Oil in cases of Hemorrhage.*

By L. PERCY, M. D.—(Proceeding of R. Med. Chirurg Soc., June 27. Gaz. Médicale and Dublin Press.)

The author, after noticing the fact that several writers—Adair, Nichol, Johnson, Warneck, Copland, Ashwell, and Pereira—have spoken of the efficacy of the essential oil of turpentine in hemorrhagic diseases, observes that this remedy seems nevertheless to be little used by practitioners. In the case in which he first made trial of it, hæmaturia of two years' standing, in an old man of eighty, was stopped in twenty-four hours by eight drops of oil of turpentine, and did not return. He has since used it in different cases of hemorrhage, and always with a favorable result. The cases in which its use is indicated are those of passive hemorrhage. It must not be employed in cases where there is an active determination of blood, and where the pulse is full. When the discharge of blood is the consequence

of organic disease, as of disease of the uterus, or of tubercular disease of the lungs, the action of the remedy is not so efficacious; but the author has seen a case of schirrus of the womb, in which the hemorrhage was for some time stopped by this remedy. The author has found the action of turpentine oil very rapid, an effect being manifest in a few hours, often after one small dose. In order better to ascertain its power, he used it alone, without having recourse to local astringents or cold applications, where he could do so without fear of endangering the life of the patient. He has used it most frequently in cases of menorrhagia and epistaxis; but he mentions, that it appears to him to be particularly applicable in the cases of hemorrhage attending typhus. He noticed the fact that turpentine exerts different actions on the body according as it is taken in larger or small doses, being more readily absorbed in the latter case; and he remarks, that as its beneficial action in cases of hemorrhage must depend on its being absorbed, the inference would be drawn, that the doses in which it is given in such cases ought to be small. His experience confirms this conclusion. He has always found a dose of from eight to thirty drops sufficient. The best vehicle for it is almond emulsion, with a little gum Arabic. When there is pain in the abdomen, a few drops of laudanum may be added.

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*Sulphate of Quinine in Asthma.* By A. M. JOHNSON, M. D., of Vermont, Illinois.—(St. Louis Med. and Surg. Journ.)

October 20th 1843, I was called to see Mrs. R., aged 45. I found her sitting, leaning forwards, with her knees drawn up, her elbows on them, her head supported by her hands, laboring for breath, her mouth open, and making such a loud wheezing noise as to be heard at a considerable distance; extremities cold; pulse feeble and irregular; in a word, she was labouring under all the distressing symptoms of asthma. Mr R. informed me that she had been subject to attacks of asthma for the last 20 years, which would yield to V. S. emet. and cath. in the course of 4 or 5 days. I recollected of somewhere reading a treatise on the *modus operandi* of quinia, in which the author suggested the propriety of its (sulph. quinine,) use in the treatment of asthma. Looking upon that disease as one of the spasmodic disorders of the excito-motory system of nerves, the par vagum being the apparent one, and the impression it conveys to the medula oblongata is reflected through associated motor nerves upon the bronchial muscles; and believing *quinia* to be a sedative and a sudorific, I, at once administered xii grs. of

sulph. quinine. In 30 minutes, my patients remarked that she felt faint; we put her to bed; in two hours she awoke from a short sleep, and observed that *she was well*.—Her breathing was natural, pulse regular, and countenance normal. In 8 hours, ordered them to give oil ricini.

13th. Up to this day, she has not had a second attack.

December 29th, was called to see a boy, aged 10 years; had been subject to attacks of asthma from infancy; found him with the disease firmly seated. I gave him at once v grs. quinia; saw him in an hour again, not much relieved; ordered v grs. more; in two hours saw him again, and was happy to find the child entirely relieved. Was acquainted with the boy for 2 years in which time he had not a second attack.

June 17th, 1844, I was called to see Mr. B., aged 28;—found him labouring under an asthmatic disease, to which he had been subject for years. Gave at once xii grs. quinia; in three hours, entirely relieved. This patient died in September with hydro-pericardium. I have treated many cases of this (asthma) disease, and with immediate relief. I reported my success to my friend, Dr. Vance, of this place, who informs me that he has used it, with the same happy effects. Drs. Christy & Allen of Moquon, and Allen of Astoria, at my suggestion, have given it a trial, and with a like success. I now leave the report with this remark—that I do not claim the honor of its discovery, but presume that I was the first practitioner in the west to make use of sulph. quinia in asthma. I leave the *modus operandi* of quinia in the above disease with those who may give the above a perusal.

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*New mode of Reclaiming Habitual Brandy Drinkers.* By  
Dr. SCHREIBER.—(*L'Union Medicale.* London Med. Gaz.)

This plan consists in confining the person treated to one room, and giving him brandy in all his drink, whether water or coffee, and mixing brandy in small quantities with all his food. 139 soldiers were treated by Dr. Ritzous, at Stockholm, under this system. During the first few days, from five to seven, this new regimen pleased the patients much. They were in a state of continual joyous intoxication. The pulse became full and slow; the tongue red and moist. All complained of a sense of burning in the region of the stomach. The stools were regular; the urine red and scanty; the skin moist. The pupils were neither contracted nor dilated. About the end of the fifth or seventh day, the excitement of intoxication ceased; the patient came to himself, but was languid and silent. The sensation of burning



in the stomach became more acute, and was accompanied by inextinguishable thirst. The tongue became yellow about the edges; the stomach could take neither food nor drink, but they were immediately rejected by vomiting. The greater number gave up eating. The pulse was small, weak and trembling. At the end of from two to four days, this state disappeared in its turn, and the patient recommenced eating and drinking. Some were again attacked with intoxication during six or eight days; and when they came to their reason, they always preserved an invincible repugnance for food and drink mingled with brandy. In six of the men, slight delirium, which disappeared of itself, remained after the end of the treatment.

All the persons thus treated were carefully examined by medical men: it was considered important to direct attention to the thoracic and abdominal organs, and to inquire if there existed no disposition to apoplexy and cerebral congestion.

The duration of the treatment varied from six to twelve days; for some it required twenty days, including the time required for the treatment of the convalescence. This consisted in a new regimen—substituted for that with brandy, which had produced such an aversion that even its odour excited nausea. At first, pure water was given in small quantities, then milk, or gruel, and, by and by, other kinds of food were also given, but always in small quantity.

The treatment was suspended in seven individuals: in two, owing to convulsions; in three, from the vomiting of blood; in one, from hæmoptysis; and in another, owing to a blow received by the patient on the head.

No other disagreeable results followed the treatment: indeed, those submitted to it appeared to enjoy better health than they had previously. One only was attacked by melancholy, and cured by laxatives.

One man was obliged to suspend the treatment on the sixth day, he being then threatened with cerebral congestion and symptoms of irritation in the abdominal organs. He was cured by cold applications to the head, and purgation with castor oil. When he recovered, he had completely lost his taste for brandy.

Of the whole garrison, 139 men were treated on this plan of Schreiber—128 were completely reclaimed from drunkenness, 4 relapsed, and 7 were obliged to suspend the treatment. The greater number were from 20 to 25 years of age.

In this mode of treatment, strict surveillance on the part of a medical man is necessary. Results so satisfactory as those just recorded cannot be always expected; relapses may take place after apparently the most complete recovery; but it is not less certain that this plan of treating so widely spread and ignoble a vice merits all the attention of the physician.

There is another point which it may be as well to consider in adopting this singular method of treating drunkenness, namely, whether, if death should ensue from it, the practitioner might not have to answer a charge of poisoning by alcohol.

*Tar in Cutaneous Diseases.* By MR. THOS. HUNT, of Herne Bay.—(Medical Gazette.)

The notorious intractability of these disorders naturally excites one's attention to any remedy which has proved successful; accordingly, the treatment by tar, especially since the introduction of capsules, has come into very general use; and it is unquestionable that some obstinate cases have yielded to it. I still, however, must maintain my preference for a previous trial of arsenic in decreasing doses, and on a full stomach, for the following reasons:—

1. As far as my experience has extended, it has, when regularly and properly administered, never yet failed in any of the diseases enumerated by your correspondent, provided the patient be free from organic disease, and temperate in his habits. And we have yet to learn whether, in any of the cases of reputed failure, the arsenic has been carefully administered in accordance with the conditions I have specified; and this is an all-important point; for in a majority of my own successful cases, arsenic had failed, having previously been tried on an essentially different plan; and in many of them tar had likewise failed.

2. Arsenic not only cures the disease, but, when continued for a certain time after the final disappearance of the disease, always in a great degree, and frequently entirely, destroys all tendency to the morbid action. This is not the case with tar. On Mr. Wetherfield's own showing, some of his patients were only relieved for the time, and "suffered repeatedly from the disease."

3. Although Mr. Wetherfield's patients appear to have made no complaints—to their honor be it spoken—yet the odour of tar, to say nothing of its trouble and filth, is to some persons intolerable; and to none can it be agreeable to reflect, that they carry it about with them into every company. Arsenic is not open to this objection.

4. Arsenic, besides being more certain and lasting in its effects, as well as less unpleasant, is as safe as tar. Of this I have abundant proofs in the history of many thousands of cases. Nor have I yet met with a patient who, from idiosyncrasy, could not bear it. I have explained in my book, that where the system was remarkably susceptible, and in a degree intolerant of the remedy, the disease was so much the more amenable to its influ-

ence, yielding speedily to such very minute doses as the patient could bear with impunity.

Nevertheless, if I should meet with a case in which arsenic cannot be borne in any dose, I will certainly give a trial to the tar.

I may, perhaps, be allowed to add, however, that it is our duty in every case, as it will prove our interest, as well as that of the patient, to try at once the most effective remedy we have at hand, especially if it be safe, and subjects the patient to no annoyance.

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*Cure for Stammering.* By CHARLES A. LEE, M. D.—(Buffalo Medical Journal.)

*Is there any cure for stammering?* I believe there is, but not in the Surgical *Armamentaria*, nor in the *materia medica* proper. We read that Demosthenes cured himself of stammering by speaking with a pebble under his tongue. Mrs. Leigh, who has had great success in curing this difficulty, has availed herself of this hint, and directs her patients to elevate the tongue, raising the point towards the palate. Stammerers will tell you, that if they allow the tongue to lie low in the mouth, they find it much more difficult to articulate than if it is somewhat elevated. It is an excellent plan in the treatment of these cases, to direct the patient to sing his words, and you know that persons who stammer can sing much better than they can talk. In this way the attention is directed more to the larynx, and its muscles are brought at length under such a degree of control, that the habit of stammering is nearly, or quite overcome. If we could devise a method, by which the glottis could be kept permanently open, I doubt not, that the habit could be easily cured. I know no better way of voluntarily keeping it open, than that recommended by Dr. Arnott, viz: that the patient should connect all his words by an intonation of the voice continued between the different words. A still later mode of curing the difficulty, is that suggested by Müller, viz: of reading sentences, in which all letters, which cannot be pronounced with a vocal sound, viz: b, d, q, p, t, and k, are omitted, and only those consonants included, which are susceptible of an accompanying intonation of the voice; which should also be prolonged, as in singing. This plan, while it keeps the glottis open, combines articulation with vocalisation. After practising in this manner for a while, the stammerer should then proceed to the mute and continuous consonant h, and the explosive sounds q, d, b, k, t, p. This mode of treatment, followed up, I believe will cure most



cases of stammering, however bad they may be, but then it will require great perseverance on the part of the patient, and patience on the part of the instructor, if there be one; although I see no necessity for a teacher, after the principle has been fully explained, and understood. The patient is to study very carefully the manner of articulating the different letters, and then pronounce them repeatedly, slowly, and analytically. As soon as he can master sentences from which the explosive consonants have been omitted, he is to pass on to others in which they are sparingly introduced, and so on to ordinary language. Confidence in himself, and in his ability to command the muscles of articulation, is of the highest importance to the stammerer, and this can only be acquired in the manner pointed out, viz: overcoming obstacles by degrees, and proceeding step by step from that which is easy and practicable, to that which is more difficult.

*Preparation of Collodion, or Solution of Gun-cotton as an Adhesive Material for Surgical Purposes.*—(Annalist.)

M. MALGAIGNE has recently communicated to the French medical journals some remarks on the preparation of gun-cotton for surgical purposes. Several French chemists, at the suggestion of M. Malgaigne, attempted to make an ethereal solution of this compound by pursuing the process recommended by Mr. Maynard, in the American Journal of Medical Sciences; but they failed in procuring the cotton in a state in which it could be dissolved by ether. It appears that these experimentalists had employed a mixture of nitric and sulphuric acids; but M. Mialhe ascertained, after many trials, that the collodion, in a state fitted for solution, was much more easily procured by using a mixture of nitrate of potash and sulphuric acid.

For the information of our readers who may be disposed to try this new adhesive material, we here give a description of M. Mialhe's process for its preparation. It appears, from the results obtained by this chemist, that cotton, in its most explosive form, is not the best fitted for making the ethereal solution.

	Parts by weight.
Finely powdered nitrate of potash - - -	40
Concentrated sulphuric acid* - - - - -	60
Carded cotton - - - - -	2

Mix the nitre with the sulphuric acid in a porcelain vessel,

\* The common commercial acid will answer. When very weak, a longer immersion of the cotton is required.

then add the cotton, and agitate the mass for *three minutes* by the aid of two glass rods. Wash the cotton, without first pressing it, in a large quantity of water, and, when all acidity is removed (indicated by litmus paper), press it firmly in a cloth. Pull it out in a loose mass, and dry it on a stove at a moderate heat.

The compound thus obtained is not pure fulminating cotton: it always retains a small quantity of sulphuric acid, is less inflammable than gun-cotton, and it leaves a carbonaceous residue after explosion. It has, however, in a remarkable degree, the property of solubility in ether, especially when mixed with a little alcohol, and it forms therewith a very adhesive solution, to which the name of *Collodion* has been applied.

### *Preparation of Collodion.*

	Parts by weight.
Prepared cotton - - - - -	8
Rectified sulphuric ether - - - - -	125
Rectified alcohol - - - - -	8

Put the cotton with the ether into a well-stopped bottle, and shake the mixture for some minutes. Then add the alcohol by degrees, and continue to shake until the whole of the liquid acquires a syrupy consistency. It may then be passed through a cloth, the residue strongly pressed, and the liquid kept in a well-secured bottle.

*Collodion* thus prepared possesses remarkable adhesive properties. A piece of linen or cotton cloth covered with it, and made to adhere by evaporation to the palm of the hand, will support, after a few minutes, without giving way, a weight of from twenty to thirty pounds. Its adhesive power is so great, that the cloth will commonly be torn before it gives way. The collodion cannot be regarded as a perfect solution of the cotton. It contains, suspended and floating in it, a quantity of the vegetable fibre which has escaped the solvent action of the ether. The liquid portion may be separated from these fibres by a filter, but it is doubtful whether this is an advantage. In the evaporation of the liquid, these undissolved fibres, by felting with each other, appear to give a greater degree of tenacity and resistance to the dried mass.

In the preparation of collodion it is indispensable to avoid the presence of *water*, as this renders it less adhesive; hence the ether, as well as the alcohol, should be pure and rectified. The parts to which the collodion is applied should be first thoroughly *dried*, and no water allowed to come in contact with them until all the ether is evaporated.

## PART III.

## Monthly Periscope.

*Function of the Skin.*—Mr. Wilson, in his work on Diseases of the Skin, (says the Charleston Medical Journal and Review,) after describing the structure and arrangement of the sudoriparous glands, makes the following curious remarks:

“Taken separately, the little perspiratory tube is calculated to awaken in the mind very little idea of the importance of the system to which it belongs, but when the vast number of similar organs composing this system are considered, for it includes the sebiparous organs, which are also agents in perspiration, we are led to form some notion, however imperfect, of their probable influence on the health and comfort of the individual. I use the words imperfect notion, advisedly, for the reality surpasses imagination and almost belief. To arrive at something like an estimate of the value of the perspiratory system, in relation to the rest of the organism, I counted the perspiratory pores on the palm of the hand, and found 3528 in a square inch; now each of these pores being the aperture of a little tube of about a quarter of an inch long it follows that in a square inch of skin, on the palm of the hand, there exists a length of tube equal to 282 inches, or  $73\frac{1}{2}$  feet. On the pulps of the fingers, where the ridges of the sensitive layer of the true skin are somewhat finer than in the palm of the hand, the number of pores on the square inch a little exceeds that of the palm, and on the heel, where the ridges are coarser, the number of pores on the square inch was 2268, and the length of the tube 567 inches or 47 feet. To obtain an estimate of the length of the tube of the perspiratory system of the whole surface of the body, I think that 2800 might be taken as a fair average of the number of pores in the square inch, and 700 consequently of the number of inches in length. Now the number of square inches of surface in a man of ordinary height and bulk, is 2500; the number of pores, therefore, 7,000,000, and the number of inches of perspiratory tube 1,750,000, that is, 145,833 feet, or 48,600 yards, or nearly 28 miles.”

*A Case of Superfatation and Mixed Birth.* By THOS. B. TAYLOR, M. D., of Princeton, Miss.—The following remarkable case of superfatation and mixed birth occurred in this neighborhood a few months since; and as there are but few cases of a similar character on record, and as this differs in some of its features from any other, I have concluded to report it, provided you may deem it worthy of a place in your Journal.

Clarrissa, a negress, the property of Mr. A. Knox, aged about 35 years, in May last, was delivered of twins; one a mulatto, and the other a negro child. She had been married to a negro man on the plantation, of delicate constitution, for many years, and had had several children by him. Her menstrual discharge had occurred for several



months previous to her pregnancy, at about the full of the moon. She felt herself pregnant by her customary signs, about the middle of the month; and, to confirm her suspicions, at the next period, it did not appear. About three weeks from the time she first felt she had conceived, and one week after her menses had failed to appear, she had sexual intercourse *once* with a white man. She slept with her husband every night—had connection with him the night before she had intercourse with the white man, but not on the same night. At their birth the mulatto child bore marks of being at least three weeks younger than the negro; thus sustaining the woman in her suppositions, as to the time between her two conceptions. This woman is a faithful servant, and I have every reason to believe she told the truth in relating the circumstances of her case to me.—[*New Orleans Med. and Surg. Journal.*]

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*Can a Reptile live in the Stomach?*—To the Editor of the Boston Medical and Surgical Journal. DEAR SIR,—Permit me to make the inquiry, through you, whether it is possible for a reptile to live in the human stomach? and if so, how long? Could it not only *live* but *grow* to some size there?

The reasons for making this inquiry, are the following:—Mrs. W., who has usually enjoyed excellent health, has, during the summer past, been unable to attend to her ordinary business. Her appetite has been capricious. She has complained of a disagreeable sensation at the pit of the stomach, sometimes amounting to pain, and frequently attended with nausea. These symptoms increased in severity until, about a fortnight since, she ejected a live snake from her stomach. It was seven inches in length, and of the common green species. It lived two days in a bottle of water, and then died. I have it now preserved in spirits. Mrs. W. thinks she remembers having swallowed some object in a glass of spring water which she drank in the dark, in May or June. She has now recovered her usual health.

Yours, &c.

Hallowell, Me., Nov. 1, 1848.

M. C. RICHARDSON, M. D.

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*Neuralgia of the Teeth.* By Doct. R. A. CHAMBERS, of Mifflin co., Penn.—This troublesome disease, which is *generally* characterised by periodical pains, shooting with the utmost violence along the branches of the *fifth* pair of nerves distributed to the affected jaw, I have succeeded in arresting and entirely curing in two cases. Both patients had been troubled for *years*, and suffered much from the intenseness of pain which attacked them at stated periods, and continued for several hours, after which there was not the slightest symptom for some three or four days, when it would make its appearance with the same distressing effects. Various applications, as well as internal remedies, had been resorted to, but all to no purpose, as little or no benefit had resulted from their use. The poles of an electro-magnetic apparatus were ordered to be applied to the jaw, tracing as near as possible the distribution of the nerves. This was done; and after *two* applications in the one case, and *three* in the other, I had the pleasure of witnessing

a cure, as no returning symptoms have made their appearance during the several months which have now elapsed.—[*N. Y. Annalist*.

*Poisoning by an Infusion of Poison Oak.*—Mr. Wilkes, a student of medicine from Tennessee, curious to test the truth of the statement of some writers on materia medica, that the *Rhus toxicotendron* only produces its poisonous effects when applied to the skin, tried, a few weeks since, the experiment of drinking a strong decoction of the plant. He boiled the vine, with its leaves, and drank about a gill of the fluid, taking care, while preparing it, not to let the vine come in contact with his person. It was taken after supper, and next morning he found his face much swollen. The swelling continued to increase until his eyes were completely closed. He resorted at once to a wash composed of perchloride of mercury, gr. j.; sal. ammoniac, grs. ij.; water, ℥ij, which he had prepared in the event of his being poisoned. In about thirty-six hours the swelling and inflammation had disappeared. He slept nearly the whole time his eyes were closed, showing the narcotic action of the article.—[*Western Journ. of Med. and Surg.*

*Blisters to Thigh in Vomiting.*—The treatment recommended by the author in this disease, is rational and practical. There is one remedy which we have found useful, to which he does not allude. We have used it in cases where the vomiting was incessant, every thing being rejected the moment it reached the stomach, the dejections frequent, copious and watery, and the thirst most distressingly urgent, and where every thing had failed to relieve, or even to mitigate the severity of the symptoms. Under such circumstances we have found small blisters applied to the inside of the thighs, give almost immediate relief to the nausea, retching, vomiting and thirst, and afford time and opportunity for the administration of remedies. Applied on the inside of the thighs, they have produced a decided mitigation of the symptoms as soon as vesication commenced, whereas when applied to the epigastrium, they have in such cases little or no effect.—[*Charleston Medical Journal*.

*Leeches.*—The following simple method for preserving leeches and making them suck vigorously a second time, is recommended by Dr. Christison. "It has been stated that they may be rendered in a few days as active and useful as ever, by dissolving a little white sugar in the water (in which they are kept,) and renewing this solution twice at intervals of twelve hours, and twice afterwards at intervals of a day. I have tried this plan and found that the same leeches drew blood three times at intervals of three days, with scarcely any diminution of activity, and with scarce a death among them." p. 540. This of course, does not dispense with the necessity for stripping them.—[*Ibid.*

*Operation for Hare-lip.*—M. Guersent, who has had extensive opportunities of judging of the most favorable period for operating in hare-lip, gives the preference to the period recommended by Dubois,



during the first fortnight after birth. He advises against undertaking the operation when the child is about a year old, or during the process of dentition. It may again be performed with much greater hope of success when the child has attained the age of five or six years. Diessenbach latterly gave a similar preference to the early operation.

[*Gaz. des Hôp.*, in *Month. Journ.*

*Amputation at the Hip-joint.*—M. Guersent operated, on the 28th December, 1847, for a cancerous affection of the femur by disarticulation at the hip-joint. The child, aged 5, was very much reduced. He was put under the influence of chloroform—insensibility was complete in two minutes. The operation lasted only two minutes. When the ligature was being placed on the vessels the child became pale, a little foam came from the mouth, the eyes were turned up, and the pulse at the wrist dissappeared. This state of syncope was dissipated by means of active ventilation, and the introduction of a few spoonfuls of wine into the stomach—and the child began to cry, much to the relief of the surgeon. Twenty-two days after the operation the child was as well as possible.—[*Journ. de Méd. et de Cher.*, in *Prov. Med. and Surg. Journ.*

*Ergot as a Remedy for Spermatorrhœa.*—In a recent lecture on excessive and involuntary seminal emissions, Prof. W. Parker stated that he had used the Ergot in combination with the Tinct. Ferri Murias, with very marked benefit.—[*Annalist.*

*New Mode of preparing Sections of Skin so as to show the Glands.*—M. Flourens communicated, July 12, to the Academy of Sciences, the following extract of a letter from M. Retzius: "I have the honor to present to you two fine sections of the skin from the Axilla, in which can be distinctly seen the superficial sebaceous glands, and the more deeply seated sudoriferous glands. The skin is rendered diaphanous by maceration in sulphuric ether. In this way, we can see the beautiful glands either with the naked eye or with the magnifier.—[*Compte rendu*, in *Annalist.*

*Novel Effects of Hydropathy.*—A friend at our elbow suggests that the notion of drugs working out through the skin after long *remora* in the system, was deduced in this vicinity from the case of the Rev. J——, once a respectable minister but who abandoned himself to drink and opium eating. He was induced, by some of the cold water sages, to try the effect of their panacea. When he was under a full head of the sweating and steaming process, sure enough, the pent up vapors gave forth a most unsavory odor of laudanum! With their usual cautious generalization, and the modest self-reliance which always marks the inductive philosopher, the old women of both sexes who watched the phenomena, at once held up their hands in amazement at the miraculous fact—more wonderful than the liquefaction of the blood of St. Januarius—that the long locked up poison was compelled to



desert its victim! Poor J——! the reform was of short duration. The Lunatic Hospital at Worcester soon received him, and the amusing explanation came out, that a small vial of the precious tincture, which he had concealed about his person to comfort him in passing through Jordan—for his dread of the element had long been perfectly *hydrophobic*—had been accidentally fractured, and its perfume thus shed abroad!

“You may break, you may ruin the vase if you will,  
But the scent of the roses will hang round it still.”

[*Buffalo Medical Journal.*

*Springs of South Carolina.*—Still more singular were the circumstances related to me respecting the Woodboo Springs; many years ago a similar “break” or sink having occurred in the canal it was repaired by driving piles into it and filling the interstices with fascines made of rice straw, (then grown extensively in the inland swamps of this neighborhood) covering these with rammed clay and planking over the whole. The work, however, having been carelessly performed, did not last long, the piles, fascines and other material used in the repair suddenly disappeared and were followed by the waters of that entire section of the canal. Two months afterwards, to the surprise of those who witnessed it, the fascines of rice straw came up with the bubbling waters of Woodboo Springs at a distance of two miles below.

[*Charleston Medical Journal.*

*The Ervalenta—Quackery exposed.*—In the Pharmaceutical Journal, March, 1845, the nature of a secret remedy for constipation, called *Ervalenta*, and *Melasse de la Cochin China*, was exposed. The first, (the *ervalenta*,) we explained, was the meal of the lentil, called *Errum Lens*, sold at three times its ordinary price; and the second (the *melasse de la Cochin China*), was common treacle, sold at five times the usual charge for it; and the smallest quantity of these two sold, cost twenty-eight shillings.

“The speculation has, we presume, proved a lucrative one, for it has given rise to an imitation in the form of a preparation called ‘*Revalenta Arabica*, a nutritive and eminently curative fecula, derived from an African plant.’ It is prepared like gruel, by mixing two ounces of it with a pint and a half, or a quart of water, boiling over a slow fire, and stirring well till it has boiled for fifteen minutes. Honey, or the best raw sugar, and salt to taste, are then added, and it is ready for use. If this does not act sufficiently on the bowels, two or three spoonfuls of ‘our prepared melasse’ are to be substituted for the raw sugar.

“The word ‘*Revalenta*’ is obviously borrowed from ‘*Ervalenta*’ by the transposition of the letters of the first syllable.

“The word ‘*Ervalenta*’ is derived, as we before explained, from the ‘*Errum Lens*,’ the botanical name of the lentil.

“The lentil is cultivated in Egypt, as well as in various parts of Europe, and therefore the proprietor of the *revalenta* is so far correct when he says it is an ‘African plant.’

“On subjecting the meal called *revalenta* to a microscopic examination, we find that, like *ervalenta*, it is prepared from the lentil. The character of the starch-grain readily distinguishes it.”

The expected-to-be omniscient medical man has here the history of this queer-named composition. The facts speak for themselves much more truthfully than the silly certificates which are puffed in such abundance on the subject, from the pens of dyspeptic parsons, constipated lawyers, &c.—[*Lancet*.]

*Cure for Hiccups.*—Travelling some time since, by railroad from Columbus to Baltimore, I took my seat immediately in front of a gentleman who was suffering under a paroxysm of hiccup, to a degree that I had never before witnessed. In a few minutes a person appeared from the end of the car, and took a seat beside him, when he said, “Sir, can you tell me what is good for the hiccups? I have been afflicted in the way you see me since yesterday noon, and have had no rest, or relief from a physician to whom I applied for assistance; I am worn out with suffering.” To whom the person replied, “Sir, I will cure it in less than two minutes by your watch; have confidence, for I am sure I can do it. Hold up, high, above your head, two fingers of your hand; lean back in your seat, opening your mouth and throat, so as to give free passage to your lungs; breathe very long and softly, and look very steadily at your fingers.” In less than the time specified the cure was performed, one hiccup only occurring during the trial.—The patient could not express his gratitude, while the practitioner only exacted from him as a fee, the promise that he would extend the knowledge which he had imparted, as freely as he had received it, assuring him that he would never be dissatisfied in the result.

We were all struck with the fact, and many of us considered that the stranger was sent by the appointment of that Power, often designated as a *particular Providence*. Since then I have often had occasion to practice upon patients in the same disorder, and never without the most signal success.—[*Newspaper*.]

*Persistence of the Urachus in an Adult.*—Dr. Robert Cabell has brought before the Medical Society of New York the details of a case of persistence of the urachus in a mulatto girl, fifteen years of age, and enjoying good health. The umbilicus was depressed, and presented, in the centre, a small aperture, through which the girl could make her urine pass while lying down. Dr. Cabell introduced a thin gum-elastic catheter into that orifice, and succeeded in conveying the instrument into the bladder, after having introduced it for six or seven inches. On the catheter being withdrawn, a jet of urine followed. The canal of the urethra is, however, perfectly free, and the patient is nowise inconvenienced by this abnormal conformation.—[*Lancet*.]

*The Use of Iron as a Prophylactic against Cholera.*—To the Editor of The Lancet. Sir,—I wish to suggest to those exposed to the influence of cholera, the internal use of iron as a prophylactic.

I conjecture that when the blood is well impregnated with iron, it is rendered less prone to undergo the morbid change in which many epidemic diseases primarily consist. The experience of an individual is sufficient to put this conjecture to the test; and as regards cholera, I have not even that experience to offer. During the prevalence of Irish fever, I believe I did obtain a little negative evidence in support of my opinion, but not nearly sufficient to establish it.

Taken in the form of pill along with solid food, iron scarcely ever disagrees, provided neither fever nor active inflammation be present. Any one disposed to try it against the contagion—for such I believe it—of cholera, will find a grain or two of the sulphate, made into a pill, with extract of gentian, to be taken during, or immediately after, each of the principal meals, a convenient method.

Your obedient servant, M. D.

*Here's Hood's Illustration of Hydropathy.*—"It has been our good fortune, since reading Claridge on hydropathy, to see a sick drake avail himself of the 'water cure,' at the dispensary in Saint James' Park. First, in wading in, he took a 'Fuse bad,' then took a 'Sitz bad,' and then turning his curly tail up in the air, he took a 'Kopf bad,' Lastly, he rose almost upright on his latter end, and made such a flapping with his wings, that we really expected he was going to shout 'Priesnitz for ever.' But no such thing. He only said, 'quack! quack!! quack!!!'"

## MEDICAL INTELLIGENCE.

**TO THE PHYSICIANS OF GEORGIA.**—The Faculty of the Medical College of Georgia, suggest to the Medical profession of the State, the propriety of organizing an association. Since the institution of the National or American Medical Association, our sister States, Alabama and South Carolina, have taken action on the subject. It is therefore proposed to call a convention of the Physicians of Georgia, to be held in the City of Augusta, on Tuesday the 20th of February next, then to adopt such measures for the improvement and benefit of the Profession as they may deem proper.

The Georgia Rail Road has promptly reduced its fare to one half, for all members of the profession coming to the Convention, and it is presumed that the other rail roads will do the same.

Editors favorable to the above object will please insert this notice.

*Dr. Gordon's Letter respecting the continuance of this Journal.*

LAWRENCEVILLE, GA., Jan. 8th, 1849.

To the Editor of the Southern Medical and Surgical Journal:

DEAR DOCTOR—It is with unfeigned regret that I have discovered by the last (January) No. of the Southern Medical and Surgical Journal, that it is languishing for the want of patronage. In all candour,



and with a truly praiseworthy frankness, you have given publicity to these facts, and now throw the final destiny of the oldest and one of the best monthly medical periodicals of the South and West upon the tender mercies of the medical profession. The all-important question is propounded—"SHALL IT BE CONTINUED OR NOT?" Now sir, in addition to this important query, I would ask, if there is one solitary individual composing the long list of Alumni or friends of the Medical College of Georgia who will not cheerfully enlist all his energies and influence in sustaining the character and honor of his Alma Mater, or State Medical Institution. Or rather, will not the profession of the South and West unite, and, as with one voice, proclaim that it *can and will be sustained*. So far as our knowledge at present extends, we know of no Journal published in the United States containing so much interesting matter at so low a price. This fact alone should be sufficient to insure its success.

But a more important consideration why it should be continued, is, that it is a *home* journal, the only convenient medium through which we can freely interchange our views upon professional subjects, and aid each other in the high and holy objects of doing good.

We cannot but indulge in the gloomy forebodings, that if the present crisis is suffered to pass unimproved, from this time henceforward may be dated the downfall of Southern Medical Literature. That if its oldest and ablest exponent is suffered, for the want of support, to be numbered "with the things that were," those of more recent origin will almost necessarily follow in the train, and truly, like a star, we fear,

"It will sink to rise no more."

In conclusion, I would make this proposition to my professional brethren of Georgia and the adjoining States, and more especially to the Alumni of the Medical College of Georgia—that each individual use his utmost exertions to procure at least TWO NEW SUBSCRIBERS, and as many more as practicable.

Since the reception of the last No. I have been enabled to obtain two subscribers who have not hitherto favored it with their support, and I promise further to obtain two more. But just let the Alumni (to say nothing of the exertion of other friends) unite and carry out our proposition, and the work is done. Not only will the subscription defray the expenses of publication, but also remunerate you, Mr. Editor, for your arduous duties in conducting the Editorial department, for verily "the laborer is worthy of his hire."

Truly yours, &c.

JAS. M. GORDON.

*The Asiatic Cholera.*—This dread disease has re-commenced its ravages on our Continent at two quite distant points, first at New York City, and still more recently at New Orleans. We are enabled in this No. to present the reader with a full account of its appearance, progress, and we hope decline and *departure* from the vicinity of the former place; hoping in our next issue, to be permitted to announce the like favour as regards the valley of the Mississippi.

The report which follows, is prepared by Dr. ALEXANDER B. WHI-

TING, Health Officer at the Quarantine establishment of New York, by order of the Mayor and Medical counsel.

On the second of December, the packet ship New York arrived at Quarantine with a number of persons sick, having lost seven during the last week of her voyage, with a disease that has since proved to be Asiatic Cholera. The New York left Havre on the ninth of November, with three hundred and thirty-one steerage passengers, twenty-one cabin, and thirty-three crew; a total of three hundred and eighty-five. All continued well until the twenty-fifth, Saturday, when one of the steerage passengers, a German, aged twenty-nine, in robust health, was attacked with vomiting and purging, accompanied by cramps of the muscles of the upper and lower extremities. The Captain supposed it to be cholera morbus, and prescribed judiciously for the symptoms, but they continued until the third day, when death occurred.

The next case was on the 26th, Sunday, when an old man, aged sixty-two, in feeble health, was attacked with vomiting and purging, with coldness of the whole body, and violent cramps and spasms. He died on the second day after the attack. Monday and Tuesday, 27th and 28th, two cases occurred. A girl, aged five years, died in two hours, and a boy also, aged five, died in four and a half hours after their first attack, both perfectly well previously. Wednesday, 28th, a man, aged forty, was attacked at 8 o'clock, A. M., and died at 3, P. M., of the same day. On Thursday, two children sickened and died, after six and eight hours illness.

The ship came to anchor at Quarantine on Friday night, and from that time until Sunday noon, when the passengers were landed, twelve new cases occurred.

Since the arrival of the ship at Quarantine, eighteen cases have occurred, making, with the twelve taken from the ship, thirty cases, of which number twenty have died. The whole number, from the first case at sea, has been thirty-seven, of which twenty-seven have proved fatal.

The disease was considered by Captain Lines as cholera morbus, and treated by him as such, with calomel and ipecacuanha, opiates, warm drinks and mustard, and heat externally. Vomiting and purging, cold clammy skin, cramps and spasms were observed by him in several of the cases, but not the peculiar character of the evacuations.

In the cases that have occurred here, Diarrhœa has preceded in only a few, or about one-third. A majority were attacked in the morning, between the hours of two and eight.

Most of them have presented all or most of the following symptoms: Vomiting and purging of thin discharges, sometimes at first, light brown, but generally from the first, of a white or yellowish white or pearl color, with white flocculi, forming a thicker whitish sediment on standing a short time. They are well described as *rice water* evacuations. In some cases a half gallon has been vomited, but generally in smaller quantities. A child, six years old, vomited fully this quantity at once, had no other evacuation, and afterwards recovered.

The vomiting is usually accompanied by great uneasiness and pain, particularly at the epigastrium. In some cases vomiting has existed without purging, and vice versa. In several cases neither vomiting nor purging, but the stomach and bowels were found filled after death with the same fluid. One or more large worms, the Lumbrici, have been discharged, either by vomiting or the bowels, in a large majority of the cases. This fact has been before remarked.

The tongue and breath are icy cold; sometimes the tongue is clean, but generally slightly coated. The voice becomes weak and husky, and with a great effort the patient speaks in a thick whisper.

The skin assumes a dark livid color, becomes cold and clammy, and when pinched up, remains so for a short time.

The countenance wears a haggard, sunken look, the eye is dull and heavy, although the pupil is somewhat dilated.

The extremities are shrivelled, the fingers and toes, and nails, resembling those that have been long in the water, and of a purple hue.

All the cases have been affected with cramps and spasms of the extremities and abdomen, in some slight, but generally a very painful symptom.



The pulse, from the inception of the real attack, becomes small and frequent, from 110 to 140, according to the progress of the disease, and in the stage of collapse entirely lost at the wrist for hours.

The breathing labored and hurried, and in the cases where the spasms were severe, occasionally suspended momentarily.

In some of the cases all these symptoms were present, while in others only a few of them existed. The number or *apparent* violence of the symptoms form no criterion for the prognosis. Fatal results followed in a number of cases in a few hours, where the dejections were slight, and spasms and other violent symptoms were absent. Death seems to ensue from the oppression of the vital organs, and the nervous system, by some giant poison. The wretched expression of countenance, the icy tongue and breath, the sunken eye, reveal this most strongly.

In this disease there has been but one stage—that of collapse—although every pains have been taken to detect the first deviations from health, directions given to all to communicate them at once, and persons employed to inspect them constantly, and a physician to pass among them at all hours of the night and day. The first intimations are the extreme symptoms, defying the most prompt and decided remedies.

The appearances after death are those that have been usually observed after death from cholera. A shrunk and shrivelled livid exterior, a gorged and congested condition of the internal organs. The meninges and substance of the brain, and all its vessels, usually red, either from actual congestion, or the retention of the *cruor* of the blood while the serum is drained off. The lungs, liver, spleen, heart, intestines and kidneys, present the same deepened color. I have observed no alterations of structure or softening.

The bladder is contracted to an extremely small size. I should have observed that there is an entire suppression of urine in most of the cases.

In several cases that I have examined, the entire mucous lining of the bronchial tubes has been much injected.

That this is Asiatic Cholera, cannot be doubted. From the commencement of the disease to the present time, thirty-seven cases have occurred, twenty-seven of which have died in an average period of ten hours. The average duration of the disease in the children that have died, has been four hours.

A new feature has appeared in the history of this disease, in the fact that six persons have been affected in a similar way, who had been but for two days exposed to contact or proximity to these people.

Nothing like cholera existed at this place at the time of the arrival of the ship *New York*. When her passengers were removed to the public stores they were occupied by about seventy persons, who had just recovered from other diseases. One of these, a man just recovering from a fractured patella, assisted in the removal of the patients. This was on Sunday; on the Wednesday following, he was attacked with violent symptoms of cholera, and died the same day. A woman who had been a nurse, without having any communication with these people, but occupying another room in the same building, was attacked, and died the same day, with all the symptoms of cholera. A man who had been discharged and gone to the city of New York on Monday, and had remained a *little over a day* in this same enclosure, was returned from the city as a case of cholera, and died also on Wednesday. On perceiving this communication of the disease to the convalescents, I immediately sent them away and distributed them through the other hospitals, since which three others have been attacked, two of whom have died, but none other than those at first exposed at the public stores, have been affected. These had all been inmates of the hospital for weeks, were ready to be discharged, and had but a limited exposure for forty-eight hours to the influences of the disease.

At the time the first cases occurred, November 25th, the ship was in N. lat. 42°, long. 61°, about 140 miles S. S. W. from Sable Island. On the 23d and 24th, the two days preceding the appearance of the cholera, the wind was N. N. W. On the 25th it changed to the southward, with squalls and rain. In the morning the barometer was at 30 inches, and fell during the day to 29½ inches; thermometer 60° Fahr. Sunday and Monday, 26th and 27th, wind westerly, and fresh; Tuesday, 28th, moderate from N. W.; barometer 30, thermometer 42°.

I have given these particulars of the wind and weather in connection with the



dates of the first appearance of the disease that all aid may be given to our attempts to account for its origin. Here its actual manifestations commenced. Did it originate in a casual but unusual mingling of certain elements or condition of the elements, or from contact with an advanced wing of the grand cholera army, or from the development of seeds latent and waiting for peculiar culture? Here we are met by interesting and peculiar facts.

All the persons who have been attacked, from the first case on board ship, to the last, excepting the inmates of the hospital, have been from among two hundred and seventy Germans who have been living in Havre and its environs, where there has not been a single case of cholera. These persons were originally from Germany, mechanics, and flourishing, until by the triumph of liberty and equality, the native French artisans have succeeded in inducing the public to withdraw their patronage, and the municipal authorities to proscribe them.

The consuls of their native countries have come forward and provided for their emigration to America. The question arises, is there not some difference between these and the other passengers that must enable us to account for the fact?

The only one that may be adduced, is the depressing influence of grief at being driven from their homes and flourishing trades; but this is not apparent in their appearance or manner. They enjoyed promiscuously with the other passengers, the best accommodations, and I am assured by Capt. Lines, that their fare was the same with the other passengers.

I have examined their provisions on board ship, casks of bacon, rice, flour, beans, biscuit and potatoes, unheaded and exhibited to me, as it has been dealt to them, and I am sure that more wholesome or sweeter provisions could not be provided.

They are all healthy and robust—have not been exposed to the cholera at home, and have since leaving their port of departure, shared equally with the exempt, the comforts and privations of a sea voyage, variations of wind and weather, have breathed the same air, and fed on the same food.

When I speak of *treatment*, and mention twenty deaths out of thirty cases, I can evidently not be expected to produce a successful plan of treatment.

I will mention the general plan, however, as in some cases it has been successful, and in others failed from the fact that the disease presented its first and final stage simultaneously. On admission, the patient is enveloped in warm blankets, next the skin, and warm mustard applied largely to the stomach and bowels and extremities. Hot bricks, bottles of water, or bags of sand applied to various parts of the body, and a stream of hot air conveyed from a hot air apparatus under the bed clothes. With this is combined as much friction with hot tincture of capsicum as can be carried on under the clothes without exposure of the body to the air. This is done in all cases, and is an efficient method of restoring warmth to the surface, if practicable.

Various internal means of treatment have been tried. In a number of cases, Dr. Joseph Brown's practice of administering mustard emetics, has been adopted, but without the blood-letting. Only two cases that were treated in the first stage of the disease in this way, were benefited, reaction occurring after the emetic, followed immediately by a scruple dose of calomel, combined with Dover's powder. Unless reaction is effected by the emetic, the prostration and irritation of stomach produced by it can only serve to enhance the disease.

In eight other cases, the large doses of calomel, capsicum and camphor, as administered in the practice of Dr. Cartwright, of Mississippi, and suggested to me by S. M. Fox, Esq., were carefully tried, combined with the rubbing in of hot tincture of capsicum. But the results did not encourage the continuation of the treatment.

Chloroform has been administered in a number of cases, carefully and repeatedly, and at first gave some hope that it would prove a successful remedy, but no other permanent good has resulted from its use but to relieve the spasms and cramps. For this purpose I have used it in all cases moderately, and if not a cure for all the symptoms, it is an invaluable remedy in subduing one of the most painful symptoms of the disease.

Hot wine whey and mustard whey have been administered, in combination with other means, particularly in the latter stages of extreme prostration.

The *saline mixture* has also received a careful trial in a number of cases from

the commencement of the disease, and although hopefully watched for beneficial results, laid aside as worse than inefficient. If administered in a condition of the system when it might be absorbed, advantage may be derived from it, otherwise it can but increase the irritability of the stomach, the thirst and prostration, and aggravate the disease.

Sugar of lead and opium have been administered in large and small doses, but soon abandoned as impotent.

The treatment that has proved of most service has been calomel in scruple doses, combined with opium and camphor, followed at two or three hours intervals, by smaller doses of calomel, until reaction is indicated by some action of the liver. This plan, combined with the faithful application of external heat, &c., I am satisfied has proved of most advantage in the cases that have come under my notice. Every case in which the slightest bilious evacuation has been procured, has commenced to recover from that moment, and although of itself, unable to effect the reaction necessary for its own peculiar action. Calomel will doubtless always prove the most potent auxiliary in the catalogue of remedies for cholera.

No one specific can ever control a disease whose nature is made up of so many complications, an obstinate exsanguination and paralysis of the surface with a fearful congestion of all the internal vital organs, and a derangement of the nervous system, indicated by convulsions of every portion of the body.

December 19th. Since the above was submitted, I have had further opportunity to observe the character and treatment of the cholera, existing at the Marine Hospital. Since the 11th December, to date, there have occurred thirty-three new cases. All but three of these have been from the same class of Germans from Havre, as the other cases. One, and the only one that has occurred among the French passengers of the New York, was a Frenchman from Paris, a fatal case.

Two others were old inmates of the hospital of Irish nativity. They were just recovering from typhus fever, and located in a hospital most distant from the cholera hospital. One was attacked on the 10th, the other on the 11th of December, with all the symptoms of the disease, proving fatal on the third day in the first case. The other is convalescing. No intercourse between these patients and the cholera cases can be detected, neither of the convalescents that were at first returned from the public stores, and were afterwards attacked, had visited their wards, and their physicians in attendance had been but little among the cholera patients.

The whole number of cases, thus far, at Quarantine, has been sixty-three. Of these, twenty-nine have died. A large proportion have been children under fourteen years, twenty, or about one-third of the whole number having been of this class.

Most of them passed through the first attack of the disease, and died from subsequent congestion or effusion in the brain.

Of the thirty-three cases that have happened since my report of the 11th, I am glad to state that only nine have been fatal. And as there appears to be no difference in the severity of the symptoms at the outset of the disease, I cannot but attribute the diminished fatality to a more happy plan of treatment.

From the results of the first thirty cases, and post-mortem revelations, I became convinced that the stimulating plan was not the treatment for *this* cholera, and abandoned at first the mustard, then the capsicum, ammonia, brandy, wine whey, etc., and relied on calomel in large doses, with opium, Dover's powder, and camphor.

With regard to camphor, even though it has been always lauded, and by some as the *specific* in cholera, I entertain suspicions of its utility.

The treatment I have now adopted, and adhere to, from its decided agency in controlling the symptoms and inducing early reaction, is the exhibition of moderate doses of calomel, with morphine, at short intervals. Five grains of calomel, with a quarter of a grain of sulph. morphia, is at first given to an adult; in a half of an hour, or one hour, a scruple dose of calomel is exhibited, and is usually retained; afterward, a pill of cal. grs. v., sulph. morphine, gr. 4, is given each hour, two hours or three hours, as the effect may indicate. This is observed in the subsidence of the pain and spasms, the diminished quantity and frequency of the evacuations, the return of warmth, and restoration of the pulse.



This treatment is continued until some indications of bilious action appear; the first is usually a change of color and consistence, from the light, thin, rice water, to a greenish, and then brown or brownish yellow color. The evacuations from the stomach and bowels will frequently continue green, or of the color of sulphate of copper, for hours, but I have not known a single case to relapse where this effect had once been produced.

I was led to substitute the morphine for opium, from its being less liable to disturb the stomach or to produce narcosis, an effect to be deprecated in this stage of congestion, except it result naturally from the obviation of pain and excitement.

In children, however, under six or seven years, I have used Dover's powder in preference to morphine, as being more manageable in regard to the dose. A very simple remedy, but one that I have used in children with happy effects, has been the tea of the spearmint, given hot in the first stages, and afterwards cold, in a small quantity, a large spoonful occasionally.

The most valuable external means is the stream of hot vapor of alcohol, poured over the patient by a very simple apparatus at the foot of the bed. This is a large alcohol lamp placed under a sheet-iron cylinder, with a pipe running from it. The lamp is placed on the floor, and the tube with an elbow, and terminating in a large funnel to elevate the clothes, is inserted under the bed-clothes.

This and hot mustard applications are the only external means that I rely on. They are potent, and can be continued without the fatigue or exposure of the patient, a paramount desideratum, as there is plenty of both to contend with as the inevitable effects of the disease.

We also append the following report from the Sanatory Committee of the Board of Health of the city of New York:

"The undersigned, having been appointed by the Sanatory Committee of the Board of Health to prepare a communication to the public, in relation to the Epidemic Cholera with which this city is at present threatened, respectfully

#### REPORT:

That, as yet, the disease is entirely limited to the Quarantine, and the hope is cherished that under the protection of a kind Providence, this city may be preserved from its ravages. It is evident, however, that the cause of the disease is hovering in the atmosphere about us, and it therefore becomes a duty to adopt in season all such precautionary measures as may tend, if possible, to mitigate its evils, should it unfortunately assail us. Under this impression, they beg leave to make the following suggestions:

As the whole history of the cholera shows that its diffusion is promoted by all those causes which have a tendency to render the air impure, the first and most important concern relates to the cleanliness of the City. To accomplish this, the undersigned are satisfied that the Board of Health have taken such measures, and will continue to do so, as they trust will be efficient. The Board of Health, however, it is evident, cannot do everything, and the Committee would respectfully call upon their fellow citizens to co-operate with them in every possible way in their power. Sources of filth and impurity may exist without the knowledge of the public authorities, and every citizen should feel the necessity of keeping a watchful supervision over his own premises, and when individual efforts are inadequate, to call upon the Board for aid and assistance.

Believing that much may be done in the way of prevention, if not cure, of the disease, in case it should unfortunately attack us, the undersigned would offer a few suggestions of a general nature, founded on experience, leaving the application of them to the good sense and discretion of the community at large.

In the first place, they would advise particular attention to clothing. From the nature of the complaint, it is evident that much depends upon keeping the body warm, and protecting it from sudden exposures to cold and moisture. Flannel next the skin should be a universal article of apparel, and they would respectfully suggest to those charitable associations which are in the habit of supplying the poor with clothing, to make this an object of special attention. At this season of the year, too, the supply of fuel to the poor should be liberal.



In the second place, the diet should be particularly attended to. The undersigned would not recommend any sudden or great change in the ordinary modes of living, where those modes are temperate, and have been found to agree. Such changes, they believe, would do more harm than good. From the peculiar nature of the disease, however, it is well known that certain kinds of food are injurious, and, without going into particulars, they would merely state that all such articles as have a tendency to relax the bowels, ought to be avoided. All crude and raw vegetables, as well as violent purgative medicines, are calculated to do mischief. Excesses, either in eating or drinking, cannot be too religiously abstained from.

In the third place, attention to personal cleanliness, by the frequent use of the tepid bath, is particularly recommended.

In the fourth place, the preservation of a calm and composed state of mind is all important, and may do more than is generally supposed in preventing the onset of this disease. It is the result of experience that all epidemics are aggravated more or less by mental disturbance, whether in the shape of active panic or low despondency. To the cholera this is particularly applicable. While our citizens, therefore, use every prudential and precautionary measure, let them keep up a good heart and dispel all fear.

In the fifth place, with regard to the treatment of cholera, it may be observed that as a general rule, the disease does not attack so suddenly as to preclude the possibility of calling in timely medical assistance. A relaxed state of the bowels for a longer or shorter period, gives notice of its approach. In all cases, therefore, when any disorder of this kind exists, common prudence will suggest the necessity of resorting to medical aid. If this be done in season, the disease may generally be promptly arrested. When professional aid cannot be immediately obtained, and where simple relaxation of the bowels exists, fifteen or twenty drops of laudanum may be taken; to be repeated in one or two hours, according to circumstances. For young persons and children, the dose must be reduced according to the age—at the age say of ten years, five drops at the age of two or three years, two or three drops.

Where the symptoms are more severe, and the patient is cold, in addition to the laudanum, he should be put immediately to bed, between blankets, and every appliance in the shape of bottles of hot water, bags of hot salt, or sand, frictions, &c., &c., &c., be diligently resorted to. A strong mustard poultice, too, should be applied over the region of the stomach, to remain on till it produces smarting of the skin. In addition to this, a little brandy and water should be given, with the view of restoring warmth. As in this city no difficulty in obtaining the speedy assistance of a physician can exist, any directions in relation to the after treatment are deemed unnecessary.

JOHN B. BECK, M. D., *Chairman.*  
RICHARD L. MORRIS, M. D.  
JOSEPH M. SMITH, M. D.

New York, December 8, 1848.

### *Tribute of Respect to a member of the present Medical Class.*

MEDICAL COLLEGE, Augusta, Ga., Jan. 16th, 1849.

The Faculty and Students of the Medical College of Georgia, having just been called to lament the sudden and unexpected death of Mr. JAMES ANTONY, son of Dr. Milton Antony, (formerly of this city,) and one of the matriculated members of the present class, unanimously

*Resolved,* That while they unaffectedly mourn the premature departure of this estimable young man, they cannot but as sincerely regret the severe mental discipline, and the uncompromising devotion to study, which they believe have cost him his life. Gifted with a fine mind, and a stirring ambition, he had set his mark high for distinction in his profession, encouraged, no doubt, by the grateful memory of his honored father's worth. Forgetful of the claims of Nature, the morning star often found him absorbed in his studies, with his

couch unpressed, until disease supervened, and he fell an early victim to its violent ravages, a melancholy, but instructive lesson to the living, that, in order to lay the foundation for long and extensive usefulness in the profession, the claims of the *body*, as well as of the *mind*, cannot be, with impunity, neglected. But high minded, amiable, and hopeful as he was, our young friend is *gone*, and with heartfelt earnestness, we can only exclaim, "peace to his departed spirit."

*Resolved*, also, That his bereaved relatives have our kindest sympathies, and that a copy of these resolutions be forwarded to his eldest brother, and through him to the other surviving members of the family, with our united condolence in their affliction.

*Resolved*, furthermore, That as a mark of respect for the memory of the deceased, we wear crape upon the left arm for 30 days.

The foregoing resolutions, passed unanimously, were directed to be published in the city papers, and in the forthcoming number of the Southern Medical and Surgical Journal.

PAUL F. EVE, Chairman.

METEOROLOGICAL OBSERVATIONS, for December, 1848, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 52 feet.

NOV.	Sun Rise.		2, P. M.		WIND.	REMARKS.
	THER.	BAR.	THER.	BAR.		
1	41	29 75-100	64	29 85-100	S. E.	Cloudy—rain at 7½ P.M. 25-100.
2	46	" 71-100	58	" 82-100	N. W.	Fair.
3	32	30	60	30 4-100	S.	Fair.
4	39	" 6-100	63	" 6-100	S.	Cloudy.
5	44	" 10-100	74	" 10-100	S.	Fair.
6	47	" 6-100	74	30	S.	Fair—some flying clouds.
7	60	29 94-100	64	29 88-100	N.	Drizzly rain.
8	56	" 92-100	77	" 94-100	S.	Fair.
9	50	" 97-100	74	" 94-100	S.	Fair—some clouds.
10	63	" 82-100	76	" 73-100	S.	Cloudy—rain at 5 P.M. 10-100.
11	59	" 73-100	67	" 68-100	W.	Cloudy.
12	50	" 69-100	54	" 70-100	E.	Cloudy—rain, 80-100.
13	46	" 86-100	46	" 90-100	N. W.	Cloudy.
14	43	" 91-100	46	" 85-100	N. E.	Rain, 20-100.
15	48	" 73-100	67	" 77-100	N. W.	Fair after 12 M.
16	54	" 82-100	58	" 73-100	S.	Rain, 45-100.
17	60	" 83-100	66	" 85-100	W.	Cloudy—sprinkle.
18	61	" 90-10	71	" 90-100	S. W.	Cloudy—rain last night, 10-100.
19	64	" 95-100	79	" 98-100	S. W.	Fair—breeze.
20	54	30	77	30	S. W.	Fair—breeze.
21	55	29 90-100	80	29 83-100	S. W.	Fair—breeze.
22	58	" 84-100	76	" 78-100	S. W.	Fair—breeze—flying clouds.
23	54	30	58	30 8-100	E.	Cloudy.
24	50	" 3-100	58	29 98-100	S. E.	Cloudy—sprinkle.
25	57	29 87-100	73	" 82-100	S.	Cloudy—rain afternoon, 5-100.
26	44	30 6-100	61	30 18-100	N. E.	Fair—some clouds—breeze.
27	42	" 6-100	42	29 94-100	N. W.	Rainy.
28	38	29 96-100	61	" 94-100	E.	Cloudy.
29	50	" 66-100	52	" 48-100	N. W.	Rainy, 50-100.
30	46	" 56-100	58	" 77-100	N.	Fair, with flying clouds.
31	40	30	57	30	N. E.	Cloudy.

\* Thermometer 70° at 10 o'clock, A. M.

12 Fair days. Quantity of Rain 2 inches 45-100. Wind East of N. and S. 8 days. West of do. do. 12 days.

# SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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## PART FIRST.

### Original Communications.

#### ARTICLE VIII.

*The past History and present Condition of the Science of Chemistry.* BY ALEXANDER MEANS, M. D., Professor of Chemistry and Pharmacy, in the Medical College of Georgia.

The investigation of no department of physics has, within the last half century, been prosecuted with so much ardor, or contributed so many important and astonishing results to the general fund of human knowledge, or advanced so rapidly the progress of civilization, as the science to whose history we devote the present article. Its grand discoveries have already incalculably increased the stores of medical philosophy, and its fruitful resources promise yet larger accessions for time to come.

A science, therefore, whose pervading laws and invaluable disclosures seem to effect every co-ordinate branch of the profession, may well, in the present day, challenge the attention of physicians; and a brief review of its past progress and present condition, may not, it is hoped, be unacceptable to the medical public. And yet it is a subject of sincere regret, that up to the middle of the last century, the reliable resources within the author's reach and upon which he is allowed to draw for his historical details, are so extremely meagre and unsatisfactory.

The extent and value of the claims of Chemistry upon public attention, were once either unknown or utterly misapprehended. A few striking but mysterious phenomena in the natural world, dependent upon agencies then entirely inexplicable, caught the



public eye and sprung the enquiries of many enthusiastic, but aspiring minds.

In a speculative and superstitious age, when there were few land-marks to science, and when vague conjecture supplied the place of facts, it is not a matter of surprise that the chimerical pretensions of Astrology and Alchymy should for a time reign in the ascendant, and even claim the dignified appellation of "Philosophy." Yet, to a student of the 19th century, it seems passing strange that the extravagant dogmas of the *one*, should have commanded public confidence for perhaps five thousand years, while the technical jargon of the other was bandied from the lips of the learned for at least eighteen hundred.

Chemistry, then, unlike most of the sister sciences, is traced back to a period when its deluded and moon-struck cultivators wasted their lives in cells and caverns, secluded from the sweets of society and the light of heaven, in the prosecution of their occult processes, in the vain and futile attempt to discover the *Grand Catholicon*, which should heal all diseases, avert death, and confer a terrestrial immortality:—the *Philosopher's Stone*, which should confer countless wealth, by enabling them to transmute all the baser metals into gold or silver:—and the *Alcahest*, or universal menstruum, whose solvent powers were supposed to be irresistible.

If we are to credit Suidas, a Greek lexicographer, who lived in the latter part of the 9th century, "Chemistry (*χημια*) is the art of making gold." He also reports that many books written upon this subject, existed in Egypt in the reign of the Emperor Dioclesian, 284 years before the commencement of the Christian era:—and that such were the apprehensions of that monarch, that the wealth to be procured by this mysterious act might encourage a spirit of rebellion against the Roman power, that he ordered them all to be collected and burnt. According to the same ancient authority, the famous Argonautic expedition, so much celebrated in former ages by poets and historians, in which Jason and his followers, 1263 B. C., by a hazardous and eventful voyage through the *Ægæan Propontis* and *Eeuxine* seas from Greece to Colchis, effected the redemption of the *Golden Fleece*, from the guilty monarch *Æetes*, is but an allegorical representation of an enterprize, undertaken for the purpose of

procuring a book bound in *sheep skin*, which taught the art of *making gold*.

The alchymists, however, claim a high antiquity for the discovery of their art, and refer its origin to Hermes Trismegistus, who is regarded as identical with Canaan the grand-son of Noah, through Ham, and who is fabled to have left the secrets of the art engraven upon some Egyptian pillars. The earliest accredited historian, however, Herodotus, who travelled extensively through Egypt, Italy and all Greece, and who wrote 445 B. C., makes no allusion to such pillars.

Albertus Magnus, it is true, a learned writer, whose works appeared about the commencement of the 13th century, says that "the method of making the Philosopher's Stone was engraven by Hermes, upon an emerald tablet, which was buried in his tomb, and taken up again by order of Alexander the Great," and the public were afterwards edified by a publication of this hypothetical deposit in the *Bibliotheca Chemica* of Manget, an eminent Geneva physician who flourished about 1675.

Without dwelling longer upon the vague and unsatisfactory annals of this age of extravagance, or attempting more accurately to define the period which gave origin to the dogmas of Alchymy, they may be certainly pronounced to have obtained universally by the 10th century, and for five or six hundred years afterwards Chemistry may be regarded as identical with this fabulous science, and its range of action confined to the art of making the *Philosopher's Stone*.

Overawed by a solemn parade of learning and the imposing mysteries of the art, it is not surprising that an ignorant and credulous populace should soon attribute to the alembic and crucible of the chemist, strange and transforming powers, capable not only of the wonderful metallic transmutation at first proposed, but of producing remedies of specific and sovereign virtues for the cure of all diseases and the removal of all infirmities, so that the sick bed should no longer hold its victim, and even old age and decrepitude should undergo complete rejuvenescence and flourish again in the perpetuated vigor of youth.

Chemical medicines, prepared by unknown processes, began at length to be pursued for public use. When this practice first

commenced, the records within our reach will not enable us to say, or how many empirical panderers to the morbid palates of the superstitious, might have spread their useless or their hazardous nostrums, before talents and learning lent their aids to these investigations, we know not. The first individual of elevated character, however, who is known to have draughted upon our science in the preparation of medicines, is *Basil Valentine*, a Benedictine Monk of the town of Erfurt in Germany, who made his appearance, if we may determine from the conflicting reports of biographers, about the middle of the 15th century. He seems to have been a man of original and investigating mind, and less infatuated by the alchymistical mummeries of the day than most of his contemporaries. To him we are indebted for the discovery of Antimony. In strolling abroad, on a certain occasion, he is said to have met with some of the crude metal (the sulphuret,) which attracted his attention. In order to try its properties, he fed it to some swine, which seemed rapidly to fatten under its administration. He next covertly tried its action upon his "brethren of the cloister," to whom it proved, in every instance, fatal. Hence, its present English appellation from *ἄντι*, (against) *μοναχός*, (a monk); and the French, *Antimoine*.

The torturings of this article by acids, alkalis and fire, led to an acquaintance with many of its properties, and hence the origin of his famous work, *Currus triumphalis antimonii*.—Here allow us digressively to remark, how different the estimates placed upon the *same* articles of the *materia medica* in different ages and by different physicians. Antimony furnishes a striking exemplification of this remark—for it has at one time been extolled by medical men "as a panacea, and at another decried as a poison." And in the 17th century, we are assured that the French Parliament, led by the Faculty of Paris, first proscribed and then restored both the antimonial medicines and those who employed them.

About the close of the 15th century, a bold, erratic mind arose from the literary canton of Zurich, in Switzerland, which, for more than one hundred years, controlled popular opinion upon the subject of medicine and surgery and their tributary sciences. Born in the age of the Zuinglian reformation, and



for 38 years contemporaneous with the great Swiss Reformer, he was neither his inferior in intellect nor enterprise, although he selected a different field in which to display his prodigious activity of character. The complex and pompous prænomén, however, of the great Basle professor—*Aureolus Philippus Theophrastus Bombastus de Hohenheim* Paracelsus, differs not more from the brevity of ordinary names, than his arrogant pretensions and cumbrous formulæ, from the modesty of merit and the simplicity of truth. Characterized however by remarkable shrewdness of observation, great egotism, and strong superstitions, and urged on by a fervent temperament, a fearless spirit, and a towering ambition, he could not but make, by the very force of his genius, a powerful impression upon the age in which he lived. Vague and incoherent as were his own views of the origin and cure of disease, he was unsparing in his invectives and vulgar sarcasms against his Galenic contemporaries. His boasted recipes appear to have been mostly but a ridiculous medley of inert and often disgusting articles, dependent alone upon one or two medicinal agents for all their therapeutical results. “Dried toads, frogs, serpents, mummies, scarabæi, the dung of pigeons, and of dogs, and even still more disgusting preparations figure among the most efficacious of his remedies,”—while opium and mercury, correctly employed under the direction of his inventive talent and irrepressible zeal, seem mainly to have won his professional reputation. Believing, though he did, with his great German predecessor, that salt, sulphur, and mercury constituted the elements of all substances, he nevertheless cultivated chemistry and mineralogy with commendable energy, and perhaps shows to more advantage in these departments of science, than in all the rest embraced in his elaborate philosophical treatises. The works of this fearless pioneer of medicine are to be found in the well selected library of the Medical College of Georgia.

The Aristotelian Philosophy, which for more than three centuries before the Christian era had controlled the opinions and misguided the researches of the philosophic world, now had to yield before the intellectual power and learned labors of the immortal author of the *Novum Organum*, and Lord Bacon, viscount of St. Albans, piquantly pronounced by Pope, as

"the wisest, brightest, meanest of mankind," has won the enviable distinction of having abolished the false method of investigating nature, which contented itself with first adopting favorite postulates in science, and then gleaning pertinent facts to support them, either overlooking or rejecting, in the mean time, all counter testimony, and by substituting in its stead the *inductive system*—the only true and safe mode of scientific research, which marks patiently and impartially the characteristics of physical phenomena, and then, from the uniformity of observed results, determines upon the existence of *general laws*. Mind, thus liberated from the thralldom of erroneous opinions, began to interrogate Nature for facts upon which to form correct theories. The old dogmas of Basil Valentine and Paracelsus, soon fell under the ban of the Baconian Philosophy, and Sir Robert Boyle, son of Richard Boyle, Earl of Cork, about the year 1650, is believed to have been the *first original experimenter* in Chemistry, and the first to signify his dissent from the doctrines of his predecessors. The valuable labors of this great and pious man opened the way for other adventurers, and, in connexion with those of Robert Hooke, and Sir Isaac Newton, about the year 1666, may be said to have given the exterminating blow to the existence of Alchemy in the British dominions.

The spirit of free inquiry soon resulted in invaluable contribution to the experimental sciences, and among them, Chemistry could not fail to secure a share of public attention. Chemical medicines became in high repute, and physiology itself was dependent upon the play of chemical affinities for the explanation of all its functional phenomena. From the latter part of the 17th century, therefore, till the middle of the 18th, the Chemical Physicians occupied their zenith of prosperity. In this catalogue must be ranked the learned scholar and active experimenter, John Baptist Van Helmont, born at Brussels, and for eighteen years contemporaneous with Boyle. A sworn enemy to the Galenists and Peripatetics, he devoted the energies of his gifted mind to the correction or modification of the views of Paracelsus, bringing to his aid the results of many valuable chemical discoveries, and acquiring a reputation for his many wonderful cures, which subjected him to an arraignment before

the Inquisition upon the charge of Magic. Honorably discharged from this arrest, he retired to Holland to free himself from the curse of such superstitious intolerance. Under his prompt and powerful treatment, recovery or death were hasty issues—either the disease or the patient being obliged to yield within two or three days.

It is to De le Boé Sylvius, however, a native of Hanau, in Germany, and professor of medicine in Leyden, we are to look for the first attempt to explain the laws of animal physiology by the application of chemical principles. This eloquent and popular lecturer was elevated to the chair of the university of which he constituted so distinguished an ornament, in the year 1658, where he attracted crowds of pupils to witness his demonstrations of Harvey's discovery of the circulation of the blood as well as to imbibe his chemical doctrines. It is true, that the prevailing opinions of this great teacher were characterized by many extravagancies and error, unsparingly challenged by subsequent physiologists as downright absurdities, and yet it is interesting to remark that his vague notions of the active agency of *acids* and *alkales* in the human body, in the production of hygienic or diseased action, have been rendered much less chimerical, than they were once regarded, by the wonderful discoveries of the 19th century. That galvanic currents are being constantly generated throughout the animal organism and are widely diffused through the whole of the muscular, cellular and nervous structures—dependent for their origin upon *chemical changes* going on among the elements of the blood, by the process of nutrition, the metamorphosis of the tissues, &c., has, by the ablest experimentalists of the age, as Dumas, Lagaree, Doune, Zantideshi, Matteucci, and others, been satisfactorily demonstrated, and that the irregularity, diminution, or excess of these chemico-electric currents, is profoundly concerned in the production of many pathological conditions of the human body, we think equally clear. Again, the prevalent condition of the secretion of the human stomach is *acid*, and that of the liver known to be *alkaline*, and by a beautiful and ingenious arrangement of the Professor of Pisa, consisting of a simple wire with terminal plates, these two important organs were thrown into the line of a galvanic circle, and a current instantly detect-



ed which deflected a galvanometer  $20^{\circ}$ . The celebrated Liebig has more recently still, furnished further evidence of structural arrangement for chemical reaction, productive of electro-vital currents. He has found that the complicated cylindrical cells of the muscular texture, detected by the microscopic observations of Raspail and others, are saturated with a fluid containing free lactic acid and some "tribasic phosphate of soda, with excess of acid," which by interstitial communication and chemical reaction with the alkaline elements of the blood, serum, chyle and lymph, every where diffused through their mass, must necessarily generate galvanic currents. While, therefore, the lights of science have exposed the incongruous absurdities which marked the pathology of Sylvius, and his chemical cotemporaries, still some physiological agencies which he seems but dimly to have discovered, have since been more distinctly traced and recognized.

How true is it that bold and original minds leap to grand and important conclusions from deductions drawn from a few leading facts, the relationships and ultimate bearings of which the dull plodding powers of ordinary minds cannot perceive or comprehend, and therefore, reject. And it is not until a host of correlative and sustaining facts has accumulated in the slow progress of ages, that the philosophic world is forced back upon the great truth, which genius in advance of its age, had long before announced. Such was the fate of the grand astronomical system first discovered by the intellectual acumen and profound learning of the great Prussian Astronomer, who, after twenty years intense labor, was constrained to renounce the deferents, cycles and epicycles of the prevalent Pythagorean Philosophy, and recognized the doctrine of planetary revolutions around a solar centre. And yet, alas! from the ignorance of the age, the simple and correct views of Copernicus, were destined to be rejected and superseded by the errors of Tycho Brahe, which reigned for 160 years, until the illustrious Newton again reinstated the authority of truth, and the enlightened world now every where submits to its claims.

About this period, also, the reveries of the Mathematical Physician had reached their acme of notoriety, and the advocates of this crude theory attempted to sustain their views in

opposition to those of the chemical school until about the year 1725, when both the contending sects seem to have sunk into merited neglect, and arrested popular attention no longer. Chemistry, however, which had contributed too much to the list of the *materia medica* not to be regarded as a valuable adjunct to the medical profession, was nevertheless not understood in its loftiest pretensions, but by popular consent was degraded to the offices of mere pharmacy and regarded as synonymous with it. For more than fifteen years, (*viz.* from 1730 to 1746,) even in Great Britain, the chemist was limited in the application of his art solely to the articles of the *pharmacopœia*. Here, however, a brighter light begins to dawn upon the hemisphere of science. A powerful mind, radiant with genius and glowing with thought, appears upon the horizon. Caledonia may well boast of her distinguished son, and enrol upon the same scroll with her Hunters, her Monros and Leslie—the name of WILLIAM CULLEN, while her two celebrated universities will long cherish the recollection of his eloquent lectures, and for successive ages continue to feel the effects of the stirring impulse which he gave to the subject of Philosophical Chemistry throughout the British isles.

His early predilections for this science, which he cultivated with such enviable success while a public lecturer in Glasgow, were, in 1751, abandoned for that of medicine, to which he was probably influenced by the appointment, under the crown, of King's Professor of Medicine, and to which his lofty powers and varied attainments admirably fitted him.

He left not this interesting field, however, until he had excited a spirit of liberal enquiry in the philosophic mind. With almost prophetic vision he looked forward to the future triumphs of Chemistry—predicted its glorious career, and proclaimed and effected its enfranchisement from the Lilliputian domain to which pharmacutists had confined it. In the midst of the crowded classes who hung, delighted, upon his lips, and gathered wisdom from his “thoughts that breathed and words that burned,” was one mind of kindred stamp to his own. His lectures formed the taste and fired the genius of JOSEPH BLACK, who was born of English parentage, at Bordeaux, in France, but educated at Belfast and Glasgow, where he took the degree

of M. D. in 1754. This memorable philosopher was destined to become the successor of Dr. Cullen in both universities. Dr. Black seems to have been characterized by quick perceptions, patient industry, and fine powers of analysis, and to have devoted himself with untiring assiduity to chemical pursuits, a strong predilection for which induced him to resign the professorship of Anatomy in the Glasgow University to which his superior abilities had at an early age elevated him.

To the science and penetration of this great man, we trace the origin of PNEUMATIC CHEMISTRY. Until the age of the illustrious Florentine philosopher, the existence of any material body in the universe, of less specific gravity than sulphuric ether, was not even suspected. The learned and sagacious Galileo, however, detected and proved the gravity of the atmosphere, which was afterwards more fully demonstrated by Torricelli and Paschal. Still Nature preserved the secrets of her world of gases for more than one hundred years longer, and no other æriform body was known, until a gleeful group of idle children, surrounding a brewer's vat, and ever and anon extinguishing their little straw tapers in the bursting bubbles which escaped from the fermenting mass, caught the quick eye of the Glasgow professor as he strolled along the street. By ordinary minds this little incident would have passed, as it had done perhaps for centuries before, either entirely unobserved or without exciting a moment's reflection. Not so with Dr. Black. With him, Thought was ever enthroned and Observation on the lookout to detect and solve the interesting phenomena of the natural world. His examination, in this instance, made in the year 1757, resulted in the discovery of *Carbonic acid gas*, called by him, in his inaugural dissertation, Fixed Air, and which he ascertained was combined with common limestone and magnesia, and evolvable from these bases by the application of heat and acids. He found that it was also liberated in the process of respiration and fermentation, and constituted one of the products of combustion. His discovery of the doctrine of *Latent Heat* also, was not among the least of his contributions to chemical science. Following in the wake of their distinguished leader, the two celebrated pupils of Dr. Black, viz., Drs. Irvine and Crawford, prosecuted with ardor and success the examination



of the laws of caloric, as operating both in the animate and inanimate universe. The well-known theory of animal heat, as taught by the latter, at one time largely commanded the confidence of the scientific world. Dr. C. supposed that the carbonic acid gas thrown off in the breath, was generated in the lungs by the union of the oxygen of the air with the carbon of the blood, and that the combination was attended with the disengagement of heat:—that the capacity of *arteriál*, compared with *venous* blood, was as 1030 to 892, leaving the difference between the two (138) to be given out as sensible heat along the track of the sanguiferous circulation. Physiological facts, however, under the eye of such able experimenters as Davy and Williams, Leibeg, Matteucci and others, have long since disproved the correctness of these views, and authorized the adoption of others, less embarrassed with difficulties and based upon a more luminous exhibition of organic laws.

After the discovery of Carbonic Acid, pneumatic chemistry made rapid advances. In 1766, Hon. Henry Cavendish of England—an able chemist, mathematician, and astronomer—discovered the great levity and inflammability of *Hydrogen gas*. In 1772, *Nitrogen* was added to the list of gases by Dr. Daniel Rutherford, a physician and philosopher of Edinburgh, and afterwards professor of Botany and keeper of the botanic garden.

The existence and properties of Oxygen, the most important, perhaps, of all the gases, were discovered by Dr. Joseph Priestly—a dissenting English Divine, of great literary attainments, whose contributions to electricity, optics and other departments of chemical science, have been highly valuable. Unfortunately for Dr. Priestly, the brightness of his philosophical reputation has been largely shaded by the heterodoxy of his theological views, and the boldness and heat with which they were pressed upon popular attention. After the destruction of his house, manuscripts, library and apparatus, by the violence of an infuriated mob, he determined to seek a more quiet retreat in America, to which he removed in 1794. Here his Socinian views were openly and controversially maintained with warmth and pertinacity. He died in 1804, but not until he had witnessed the entire explosion of the Stahlian theory of Phlogiston,

to the defence and propagation of which, his great talents had been long enthusiastically committed. This dogma of Becker and Stahl, which lay like an incubus upon the progress of chemical research for more than fifty years, required not only the demonstrations of science, but the force of genius and the reiteration of truth, for ten long years before the philosophic mind could be disenthralled from its paralyzing spell. It was reserved for the able and indefatigable LAVOISIER to achieve this victory in science and to open the way for a free and satisfactory explanation of the phenomena of combustion and other chemical changes.

(TO BE CONTINUED.)

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ARTICLE IX.

*Remarks on the true value of Mercury in the Treatment of Malarial Fevers.* By J. A. MAYES, M. D., of So. Carolina.

Innovations upon established doctrines and theories in Medicine, are necessarily received with extreme caution; and, this is more particularly the case, when, the theories attacked have been regarded as true and indisputable, for a length of time, sufficient to throw the weight of antiquity in their favour. The difficulties of a successful innovation also increase in magnitude, if the partizans of the former theories, claim a share of success equal to those of the latter. It is very plain, then, that numerical tables setting forth equality of success under both systems, cannot be made use of by either party, as an argument in favor of their respective theories. Other considerations must be thrown into the scale; and as the only considerations, which could affect the relative value of two distinct theories, claiming equal success, must refer principally to *time* and to *ultimate consequences*, the argument must be confined to those topics entirely; and, therefore, it behooves the party who attempts the innovation, to show that all the advantages which could be gained by those circumstances, are on the side of the *Practice* proposed as a substitute for the old.

The profession have long been taught to look upon *mercury* as the most certain means of cure, for fevers of malarial origin;

and, previous to the discovery of Quinine in 1820, there was no reason to doubt the correctness of the Practice; as the profession had no other remedy at their command, upon which they could place reliance in the treatment of the *then* formidable Remittent fevers. They had, it is true, the Peruvian bark, from which the Quinine is prepared, but reason and experience both teach us, that the bark, in substance, could never be safely administered in those conditions of the disease, in which the Quinine is found to exert its most salutary influences. They had, then, no other resource but mercury, and if in the free use of this mineral, mischief was sometimes done, no blame can be attached to them; their motto was, that it was better to live with the general health impaired, than to die; a motto, to which, all of the present day subscribe.

These cogent reasons, which once existed for the free use of mercury in Malarial fevers, have been set aside by recent discoveries, and we are now in possession of remedies, the use of which, is followed by speedy convalescence and little risk of permanent injury to the general health. But, as this is not admitted by all, it becomes us to enter more minutely into the consideration of the subject.

The pathology of Malarial fevers, must necessarily receive but little notice here. Sufficient for our present purpose will it be, to refer to the able articles of Prof. Ford, in the Southern Medical and Surgical Journal, for an exposition of the subject, and to the article of Prof. Dugas, in the same, on the application of Quinine to the treatment of Remittent fever.

The efficacy of the treatment, recommended by both these writers, has never been disputed, so far as it relates to the jugulation of the disease; their opponents admitting that their course of Practice will certainly arrest the fever very suddenly, but assert that it does not so completely eradicate the disease as that recommended by the standard authorities on the subject. This objection must certainly arise from an oversight, as Dr. Ford expressly declares—"if, after the subduction of the fever (by Quinine) there remains the evidence of disease in the liver or stomach or bowels, then, this may be corrected by appropriate remedies, more readily, more safely and effectually than during the fever." To make good the objection, therefore, it



will devolve upon their opponents to show, that the administration of mercury after the subduction of the fever, is not attended with favorable results, or that the absence of fever is not a favorable condition for its employment.

As all admit the powers of Quinine in arresting very suddenly the paroxysms of fever, it would be useless to bring up an array of evidence bearing upon that point. That the sudden stoppage of the fever must not be considered as the evidence of *cure* is a point upon which we would lay some stress. Without appropriate after treatment, relapses are very apt to occur; and in consequence of the neglecting of this important matter by the patients themselves, *who generally feel too well to be taking medicine*, the principal value of the treatment is lost, and the system of practice unjustly censured as defective; which defect, if critically examined, will be found to consist in the *proscription* of all exhausting and debilitating remedies, leaving the patient so little weakened, that, without the exercise of considerable authority by the practitioner, the patient is left *uncured*, though apparently cured.

The intention of the mercurial treatment was the same as that for which many now prescribe the Quinine, viz., the subduction of the fever. The time necessary for this, was, in the most favourable cases, about ten days, but it frequently did not arrest the fever in that time, and the final termination of the case was always uncertain. The principal object of the practitioner being, in most cases, the production of salivation as soon as possible, the convalescence was necessarily tedious; if not from the salivation itself, certainly so in consequence of the debilitating nature of the treatment, of which, mercury was always the leading article.

The ultimate consequences of this treatment are worthy of our most serious consideration. Mercury is not an innocent medicine, but

“a mortal mineral; which, being took,  
Should by the minute feed on life, and, ling’ring,  
By inches waste you.”

Slowly and surely undermining the powers of life, it converts the robust man into an invalid for life, and in the tender years of infancy lays the foundation of permanent ill health, insuring premature old age, and imbecility of mind.

That an impairment of the vital powers, to a greater or less degree, is the usual consequence of a decided mercurial impression, is evident from the following considerations:—The vital powers resist the encroachments of all agents that are, in themselves, calculated to lessen the duration of life; in other words, there is a vis-conservatrix, an instinct which prompts to the expulsion of all substances, that are not subservient to the purposes of nutrition; and, as medicines do not, in any direct manner, subserve those purposes, their administration is always followed by the increased activity of some organ in procuring their elimination. Thus, taking advantage of this fact, we administer medicines in different diseases, with a view to their increasing the action of some particular organ, and, in this indirect manner, do they answer useful purposes in the treatment of diseases; there being none, or few, which act specifically. The prolonged excitement of any organ results in a state of actual debility; just as much so, as long continued and excessive manual labour would debilitate the system generally. A familiar illustration of this may be found in Dyspepsia, brought on by overloading the stomach; the organ, at last, becoming torpid, and requiring the most active stimulation to arouse it; which stimulation, in the end, results in a form of the disease more unmanageable than the first. The vital powers will resist successfully the encroachments of medicinal substances for a while, as one or two cathartic doses does not materially injure the tone of the bowels, neither will one or two days use of diuretics injure that of the kidneys. Frequent repetition of these substances, will, however, bring on a condition of those organs, which will demand their further use; and is not this condition an evidence that they are debilitated?

In the same manner, one or two doses of mercury will do little or no harm; the vital powers will, however, yield to its prolonged use, and as the remedy is one which is believed to exert its action in stimulating the glandular system generally, the consequence of that prolonged stimulation, must be an impairment of their functional activity to a greater or less degree. Whatever conclusions we reach concerning the ultimate results of the prolonged use of any class of medicines, we are bound to admit the correctness of them when applied to other classes,

bearing in mind, at the same time, the specific differences in their *modus operandi*.

We are perfectly familiar with the fact, that a person, once subjected to the mercurial influence, is very readily affected by it afterwards, although it may have been a very difficult matter to produce the constitutional impression at first. With every salivation after the first, we find our patients more susceptible of its impression; and the remark is constantly made, and with much truth, that a person after being salivated, suffers much more readily from the vicissitudes of atmospheric temperature. As the action of mercury is spent upon the system generally, whilst most other medicines are confined in their action to single organs, we arrive at the conclusion, that it will impair the general health more than other medicines. Quinine, and the narcotics generally, are not confined in their action to single organs, but affect the whole nervous system; what precise amount of injury they are capable of doing cannot be ascertained; but their action, if long continued, would certainly result in disastrous consequences. The specific action of Quinine cannot be continued many days with safety, but this is never necessary, except in extreme cases; all the assistance it is capable of rendering, being obtained in one or two days vigorous employment. If this was the case with mercury, one of the principal objections to it would fall to the ground; but experience teaches us, that many days use of the mineral are requisite to procure the desired effect, i. e., the subduction of the fever; and, as with the subduction of the fever its constitutional impression becomes apparent in most cases, we come to the point which constitutes the essential difference between mercury and Quinine, as remedies for fever; the one arresting the fever with only a slight perturbation of the nervous system, the other with a derangement of the general system, which, by the confession of all, often becomes permanent.

But the intention of employing mercury was not alone to subdue the fever. If that were the sole object, the argument might now be closed, as all are prepared to admit that the fever may be arrested in a much shorter space of time by Quinine. The advocates of mercury contend that its use is necessary for the correction of the vitiated secretions, particularly that of the



liver; and here we make issue with them again, not denying the powers of mercury in modifying the hepatic secretion, but maintaining that this control over the secreting system can only be acquired during the existence of the fever, at the risk of permanent injury to the general health. To establish our point, we only deem it necessary to refer once more to the writings of Professors Ford and Dugas, where it has already been ably discussed, and the position rendered impregnable, that the vitiated state of the hepatic secretion, is the *result* of the fever and not the *cause* of it. The course of treatment, then, dictated by a prudent regard for the welfare of our patients, would certainly consist in the employment of those means which would arrest the fever in the shortest space of time; and we would also be morally bound to reject all remedies which would not contribute directly to that result. If this can be accomplished *immediately* by any known remedy, we should prescribe it, and await its effect, before we turn our attention to those disorders of the general system, which have been induced by the fever; the treatment of which would, then, be attended with no difficulty.

If mercurials are useless during the existence of the fever, the same cannot be maintained successfully with respect to the after treatment. Nothing is more usual after the subsidence of fever, to find the patient with a dry, coated tongue; bitter, disagreeable taste; bowels costive; urine highly tinged with bilious matter; whites of the eyes; and the skin generally, tinged with a yellowish hue. Again, we often find want of appetite; indisposition to the least exercise; much thirst, particularly at night; restlessness at night; rather quick pulse; blisters on the lips, and much depression of spirits. Also, in the cases of children, irregular appetite and a disposition to dropsical effusions. For the relief of these symptoms, we have no more effectual remedy than mercury; the best preparation of which is the blue pill. The remedy being used at this stage, the practitioner runs no risk of giving too much; and consequently, the patient will enjoy all the advantages which could be derived from mercury, without the chances of having his general health impaired by a salivation, either accidental or designed.

That the mercury will "improve the secretions" as certainly at this period of the treatment, as before, is a proposition, which, we presume, will never be gravely disputed, as all are agreed upon the principle that an excited state of the circulatory system, is an unfavourable state for medicines to take their proper effect; and consequently, in the absence of the fever, mercury will display better effects than during the paroxysms, without the danger of being accumulated.

In conclusion, the writer would say, that the subject discussed in the foregoing pages, is one of much practical importance: that he feels his inability to present the argument in such a manner as would command attention; and that he hopes some one of the South, more gifted than himself, would successfully accomplish that which he has humbly essayed to commence.

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ARTICLE X.

*Lithotomy*—117 *Calculi*, weighing  $4\frac{1}{2}$  ounces, successfully removed. By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

A brief notice of the following case, against the writer's expressed wish, was made in one of our newspapers. It is proposed to record it now, where, if it possesses sufficient interest, it legitimately belongs.

In the severe September gale of 1824, Mr. O'Bannon, then a lad of 18 years, was engaged at work upon a house, which was blown down. In the fall, he was struck upon the back by a piece of timber, and from the injury then received he dates his difficulty in urinating. During the twenty-four years he has been a sufferer, Mr. O'B. has fully tested the prescriptions of the *unprofessional* of several States, and he has travelled far and near in search of relief. He even became a sailor on the ocean; but all to no purpose, his disease continued to harrass him day and night.

For the past two years his difficulty to urinate became so great, that to discharge it at all, he had to assume the horizontal

position, and then with the fingers introduced into the rectum, he pushed up the bladder. A large quantity of matter, he says, is also evacuated by the penis. When he sits upon the edge of a chair he experiences a sensation as of crushing (crepitation) a ball of snow in the perineum.

In December he entered the charitable Institution under our Faculty, and a catheter was for the first time attempted to be introduced. This came at once in contact with a calculous mass in the perineum, where a tumor was found, projecting to the right of the raphe running back from the scrotum.

OPERATION. On the 6th of last month (January) the following operation was performed in the presence of the Medical Class of our College—Chloroform was administered by Dr. Means. After the patient was placed in the usual position for lithotomy, an incision, about three inches in length, was made over the tumor situated in the perineum, as for the lateral operation, except that it was upon the right instead of the left side. About 56 calculi were removed through this opening, and it was hoped the operation was completed; but upon introducing a female catheter through the wound into the bladder, a second collection of stones was readily detected in this receptacle. A grooved sound was now passed through the urethra and the double lithotome conducted by it into the bladder; the former was withdrawn and the bi-lateral section completed, by drawing the latter instrument out somewhat in the line of the external incision made in the skin. With the lithotomy forceps repeatedly introduced, by conducting it upon the finger, 61 stones were extracted from the bladder. Through the opening in the perineum a quantity of pus was discharged. During the operation, the rectum protruded in a large mass so as to interfere with lowering the handle of the forceps, to seize the calculi in the bladder. The patient also had violent and involuntary contractions of the abdominal muscles, and during the latter stage of the operation the chloroform was discontinued. It lasted one hour. He was so reduced by his long suffering, a period of twenty-four years and four months, that after the operation I took him like a child in my arms and carried him up a flight of stairs to his room.

The following is the analysis of the calculus, kindly made by Professor Means, and addressed to me :



"The urinary calculus, taken from the bladder of Mr. O'Bannon, has been subjected, at your request, to a chemical analysis, and merits at my hands the following description, viz :

*External form.*—The particular calculus under consideration, is but a fair specimen, both in its physical properties and chemical constituents, to every other of the entire number removed from the perineum and cystic cavity of your recent patient, and which, by your courtesy, I was privileged to examine, both during, and after the extraordinary operation. Being a solid, bounded by four oblique planes, it presents the *tetrahedral* shape distinctly: its solid angles and lateral edges, instead of being regularly truncated, and replaced by tangent planes, exhibit gently rounded surfaces, which gradually blend with the respective faces, and are evidently the result of constant attrition, kept up for many years.

*Physical characteristics.*—The exterior furnishes a beautifully smooth, and even polished surface. The *structure* is laminated with admirable parallelism—the respective tunics conforming to the external figure of the stone, and easily separable by the nail—the *fracture*, uneven, and the *powder*, harsh and gravelly under the touch.

The predominant *color* is a greyish white, which is frequently substituted, however, in the more deeply seated laminae, by a pale-brown tint. Its *specific gravity*, is 1.02.

*Chemical constituents.*—I had anticipated the *uric acid calculus*, but the use of the blow-pipe flame, and the application of appropriate acid and alkaline tests, soon revealed the presence of *Phosphate of Lime*, almost pure. This form of urinary concretion has been pronounced by Silliman, Gardner and others, as very rare. It is peculiar, however, to the *prostate gland*, in the neighborhood of which the calculi, in your recent operation, were found to be embedded, and which probably controlled the chemical affinities that subsequently deposited so large a mass in the fundus of the bladder. Its chemical elements are 3 atoms of Phosphoric Acid, 8 of Lime, and 1 of basic water, as expressed in the following formula:— $8 \text{ CaO}, \text{HO-}|-3 \text{ PO}_5$ .

The *Fusible Calculus* (Phosphate of Ammonia and Magnesia) has, in one or two instances, reported in the Philosophical Transactions, for 1809, been found in such quantity as nearly to fill the cavity of the bladder, but so large a mass of Bone-earth calculi, is surely a still more rare occurrence.

The whole number extracted was 117, of which the largest weighed 3ij. and 38 grs. ; the two next in size, *each* 78 grs., and the smallest 1 gr.—furnishing an aggregate weight of 3ivss."

As usual with me, no dressing was applied to the wound, but the patient was requested to keep his knees together and to

remain perfectly quiet. He took 40 drops of laudanum the night after the operation, and his diet was restricted to cold lemonade flaxseed tea. He also omitted the medicines upon which he had been placed, viz., Peruvian bark and sulph. iron, with volatile alkali occasionally.

January 7th. Had passed a pretty good night. Some urine had even been already voided by the natural passage, notwithstanding the opening in the perineum. He has bathed himself in warm water; has now no fever, is quite cheerful, smokes his pipe, and has taken some soup, table tea, and an orange.

Jan. 8th. Is doing well. Has had a good night—the best, he says, for years past. Uses a bed-pan to prevent soiling the clothes. Has sat up a little by the fire.

He has continued gradually to improve, notwithstanding the unfavorable state of the weather. No other application to the wound than castile soap and warm water, several times daily.

On the 10th, four days after the operation, he changed his room. He experienced the next day some uneasiness in urinating, and had for a day or two slight diarrhœa.

On the 17th, the eleventh day since the operation, he was out in the yard walking about. By pressing the edges of the wound together he could now pass nearly all the urine through the urethra.

On the 24th of January, i. e., the 18th day after he was embarrassed of his numerous calculi, Mr. O'Bannon returned home, a distance of 22 miles. The wound had nearly healed. He is to use, as a tonic, small doses of sulphs. quinine and iron.

A month after the operation, a special messenger reports him entirely well.

In noticing the peculiarities of this case, we remark—1st, the cause—an injury to the spinal column, probably by partial paralysis of the bladder favoring a perversion of the function of this organ.

2d. The nature of the calculus—phosphate of lime or bone-earth. This is, I believe, peculiar to disease of the bladder itself. Any calculus may have a coating of phosphate of lime, but when composed throughout of this combination, the evidence is strong, if not conclusive, that it originated in the bladder.

3d. The long existence of the disease without its character being detected.

4th. The size and shape of the calculi. They appeared both in the perineum and bladder to have been regularly impacted, one against the other. Occasionally two, but generally one only was seized by the forceps in their extraction.

5th. The membranous portion of the urethra preserved its integrity, while the bulbous was ruptured by the stones. The two deposites, the one in the perineum and the other in the bladder, were about two inches apart.

6th. The calculi must have all had a common origin—there being no difference in their shape, color or composition. Those in the bladder were, however, a little larger than those taken from the perineum. I agree with Prof. Means in the opinion, that they probably originated in the prostate gland, observing the laws of crystalization in their subsequent aggrandizement in the bladder and perineum.

7th. The remarkable fact that Mr. O'Bannon preserved his virile powers. His wife has borne several children, and is now actually seven months pregnant.

8th. The speedy recovery, in certainly, what must be considered, quite unfavorable circumstances.

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## PART II.

### Reviews and Extracts.

#### *The Asiatic Cholera in New Orleans.*

We take the following from the *Picayune*, published in advance of the Medical Journal, the January No. of which has not yet reached us—it is from the pen of one of the original founders of this Medical Periodical—the New Orleans Medical and Surgical Journal.

*To the Editor of the New Orleans Med. and Surg. Journal :*

DEAR SIR—According to your request, I shall offer you some brief memoranda of the epidemic cholera which has recently scourged our city. We have passed through a long-dreaded and most dangerous crisis ; and now that “the action” is over,



and the dust and smoke of the "battle-field" (if you will allow the metaphor) are cleared away, it is both meet and proper for us to review the scene, take account of the "killed and wounded," and endeavor to learn from the result some lesson of wisdom and usefulness. Nor do I deem my *military* metaphor altogether inappropriate to the present time. True, our city is shrouded in mourning and sadness, yet many have escaped the peril of death; and as we have recently commemorated our almost miraculous deliverance from the arms of the invader in days of yore, let us not be unmindful or ungrateful for our recent deliverance from an impending danger scarcely less terrific. We have encountered an *unseen and dreadful foe*—one whose progress was marked by the victims strewn along his course. Yet even his ravages were not unmixed with mercy. Here and there a victim was overwhelmed, as by an avalanche, and there was no help for him; but for the most part, fair and timely warning was given, and those who attended to the dictates of wisdom and prudence found but little difficulty in escaping the impending danger. Amidst the general alarm and distress that pervaded the community, the duties and responsibilities which devolved upon the respectable portion of the medical profession were of the most serious and important nature: they were met and performed with a firmness and fidelity worthy of a passing notice. Without regarding the unjust and illiberal imputations that were cast upon the profession, it is not to be denied that the physicians of New Orleans have boldly stood their ground, shared the common danger and done all in their power, as well to instruct their fellow-citizens how to keep well as to rescue them when ill. What better evidence need I adduce to substantiate this assertion, than the fact that although nearly every body felt more or less the epidemic influence, there were comparatively but few bad cases and very few deaths amongst the better classes of people—such as usually apply to respectable and educated physicians for medical aid? The reason is obvious: these people applied for medical aid in good season—they obtained the best advice and remedies, and were promptly cured; whilst others were either deluded into false security, by relying upon some worthless but well-puffed nostrum, or through ignorance and temerity neglected all remedies until the disease had advanced beyond the curable stage. This was the penalty of ignorance and folly—and a severe one, too. Without farther preliminaries, let us note some of the more prominent facts connected with the rise, progress and results of the epidemic.

The commencement of the late epidemic may be dated from the 11th of December, when the ship "Swanton" arrived at

this port, thirty-nine days from Havre, with 280 steerage passengers, consisting of German and French immigrants—chiefly German. Now, whether it be a mere coincidence that epidemic cholera broke out in this city just at the time when a vessel arrived having some cases of cholera on board, or that said vessel brought the infection, which rapidly spread through the whole community, is an exceedingly debatable question. But let me go on with a statement of such facts and circumstances as I have, before I attempt to debate it. The whole subject is replete with interest. Every thing connected with it is new to me, and I will endeavor to make the most rational induction in my power, having no preconceived theory to substantiate.

For several weeks previous to the arrival of the "Swanton" the weather had been changeable—for the most part very warm, though there had been several white frosts. Yellow fever had almost disappeared, and there was but little sickness prevailing; though amongst the existing diseases were observed some remarkable cases of stomach and bowel complaints. On the 5th of December I attended a gentleman on Customhouse-street, who labored under vomiting, pain and spasms in the bowels, and prostration to such a degree that, if epidemic cholera had been supposed to be here, no person would have hesitated to pronounce him a case. He had no rice water evacuations, but his bowels were rather costive, and he vomited bile; but many such cases have been seen since the epidemic was declared. He recovered after two or three days' illness, and has not been again sick.

Some days previous to this, three or four negroes were attacked with cholera morbus on the same night and at the same house, in Gravier-street. They were promptly treated, and all soon recovered. Similar cases were observed in the practice of a number of physicians in different parts of the city, all going to show, as it appears to me, that the epidemic influence of cholera was gradually being matured and developed in our midst.

I have recently learned some other facts, which are worthy of notice in connection with the commencement of this epidemic. The ship "Guttenburg," from Hamburg, with some 250 steerage passengers, after a passage of fifty-five days, arrived at New Orleans on the 6th of December. Cholera was prevailing at Hamburg when this ship left, and six or seven deaths from it occurred on board before she got out of the Elbe. As soon as the vessel got out to sea, the disease subsided completely, and no more cases occurred during the whole voyage. As there were no cases of cholera on board when she arrived here, it attracted no attention, although she came from an infected port; but I am informed by one of the visiting physicians of the



Charity Hospital, that soon after the epidemic broke out here, a man died in one of his wards, who stated that he had recently arrived from Germany on board a vessel which had lost several passengers by cholera. What became of the other passengers of the "Guttenburg" I know not.

In addition to this I should not omit the following fact, obtained from the records of the Mayor's office and the newspapers of the day, viz: The bark "Callao," from Bremen, having 152 German emigrants on board, after a passage of forty-eight days, arrived at New Orleans on the 8th of December, was anchored off Slaughter House Point, on the opposite side of the river. The Secretary of the Board of Health was sent to examine her on the 11th of December, and reported that: "During the voyage eighteen of the immigrants died, some of whom died with *purging and vomiting*, and others with violent attacks of diarrhœa. The last death occurred on the 30th of November. At present no cases of sickness on board, and those who left the vessel since its arrival are well. N. B.—It is reported in the log-book that the first case that died perished from cholera. This is merely the opinion of those on board, and is not entitled to much weight."

The Callao remained over on the opposite side of the river until about the 4th of January, when she was brought over on this side to be loaded.

The ship Swanton left Havre on the 2d or 3d of November. *There was no cholera at Havre when she left*, nor have we heard of any since. There was none in any part of France, but the epidemic had reached Germany, and some of the passengers on board the Swanton were German emigrants. Whether they came from an infected district or not, we are not informed. The vessel was out twenty-six days before a death occurred, the first being from consumption on the 28th November. We learn that sixteen or seventeen deaths occurred during the passage, most of them from bowel complaints, supposed to be dysentery. The Swanton reached New Orleans on the 11th of December, and took position at the wharf in the *upper part of the Second Municipality*. On the morning of the 12th a woman was carried from the ship to the Charity Hospital, and found to be in a complete state of collapse. She was reported to have been attacked the night previous with violent vomiting, purging and cramps.

The intelligent house surgeon, Dr. Wedderstrandt, as well as a number of other physicians who saw this case, at once recognized it as Asiatic cholera, and the Board of Health was notified of the fact. The woman died at 6, P. M. The Secretary of the Board, Dr. Hester, was immediately despatched for



the purpose of examining the condition of the vessel and passengers. He reported the facts above stated, and in addition, that "he found two old women laboring under bowel complaints, and two children suffering from debility—the ship in a fair condition as regards cleanliness—passengers generally look well."

On the morning of the 13th, a man who came over on the same vessel, was brought to the Charity Hospital and found to be in a complete state of collapse. He was cold and pulseless, but his intellect was perfectly clear, and he gave the following account of himself: He said he had a slight diarrhœa on the morning of the 11th, but he walked about the city and ate an apple. On the 12th he left the ship and went to a boarding-house near the Poydras market—still had slight diarrhœa, but ate no fruit this day. After going to bed, was attacked with severe vomiting, purging and cramps—took no medicine and was reduced to a state of collapse when he entered the hospital. He died about 6 P. M. The books of the hospital show three other cases of cholera admitted on this day, all of which terminated fatally. They were from different parts of the city, and not passengers of the Swanton. On the same day I observed two women in the hospital from the same ship. They had only slight diarrhœa, and were promptly relieved. The two fatal cases were seen by a number of physicians, most of whom felt no hesitation in pronouncing them Asiatic Cholera, though a different opinion was expressed by some. The rumor soon spread throughout the city and created great consternation.

On the evening of the same day (13th December) that the second case was taken to the Charity Hospital, a man who has resided here for many years, and who does business not far from the St. Charles Hotel, came into my office with strong symptoms of cholera. He had not been near the ship Swanton, nor seen any of the passengers. I prescribed for him, and on visiting him at his room, half an hour afterwards, I found him extremely ill, with severe pain in his bowels, copious watery purging, skin bathed in cold sweat, great thirst and general prostration. His condition was so alarming and he derived so little relief from large and repeated doses of opium, calomel, camphor and capsicum, assisted by sinapisms, stimulating frictions, &c., that I determined to resort to the inhalation of chloroform. By this means he was made perfectly easy in about two minutes, and remained so until the other medicines he had taken had time to act. He got through the night pretty well, and recovered in a few days from a dangerous illness.

On the 14th December, the Board of health held a special meeting, and issued a card which appeared in the newspapers the following morning, assuring the public that there was no

foundation for the rumor that Asiatic cholera had made its appearance in the city. This statement was seconded by flourishing editorials in several of the newspapers of the day.

On the 15th December there were eight cases of cholera admitted into the Charity Hospital, and I heard of cases in the private practice of a number of physicians.

In a letter from a learned physician of this city to a distinguished professor in Paris, which was published in the *Commercial Times* of the 23d inst., the author mentions three fatal cases of cholera that occurred on Customhouse, Bienville and Chartres streets on the 15th. He goes on to say: "It is well enough to remark here, that these three primary victims of cholera in New Orleans were all cooks, going every morning, very early, to the principal market in the city, situated on the bank of the river, a cable's length from the infected vessel." In the latter part of this statement, the worthy author must have made a mistake, for the President of the Board of Health was informed by its Secretary, who was sent to examine the Swanton, that he found her in the upper end of the Second Municipality, which is nearly a mile from the aforesaid principal market, frequented by the unfortunate cooks. So these cases must have originated in a different way.

On the 16th December there were eleven cases of cholera admitted into the hospital, and the disease was evidently rapidly increasing in private practice.

On this day I was called to see Dr. J. B. Morgan, of Jackson, Miss., who was attacked the night previous, without having committed any other indiscretion than eating some fish and oysters at dinner. When I arrived at his room, I met Dr. Farrell, who had seen him before, and had good reason to be provoked at the difficulty he found in convincing Dr. Morgan of the danger he was in, and the importance of prompt and vigorous treatment. Dr. M. had already passed about thirty liquid evacuations, then had cramps in his legs, and in fact was on the verge of collapse. Dr. M. being an old friend and neighbor of mine, I joined my entreaties to the arguments of Dr. F., and we did all we could to convince him of the importance of vigorous treatment, but all to no purpose. He insisted that he was not dangerously ill—that he had been similarly affected many a time before, and that if he were not disturbed he would soon be well. The sequel soon verified our worst apprehensions. He was incorrigibly obstinate, dallied too long with a dangerous disease, and was lost.

The panic now prevailed throughout the city, and vast numbers of people fled in every direction; yet some of the leading newspapers and a few physicians hooted at the idea that the

disease was *Asiatic cholera*, and the Board of Health still kept aloof. From this time the disease increased so rapidly that on the 22d December, ten days from the time when the first case was admitted into the hospital, the number of deaths by cholera in that institution amounted to twenty-two, and in the whole city to forty-five. But let me not encroach upon your province, Mr. Editor. Being Secretary to the Board of Health, you will of course supply your journal with all the mortuary statistics that may be interesting to the profession. I may be permitted to state in this connection, however, that the Board of health published on the morning of the 23d December that Asiatic cholera was "epidemic" in the city, the number of deaths from it the day previous having been forty-five; and they announced the cessation of the epidemic, on the 6th of January, when the deaths amounted to thirty-eight.

The epidemic raged most severely from the 22d to the 30th of December, having reached its zenith about the 28th, on which day the deaths by cholera were ninety-two. From the 16th to the 22d the weather was oppressively warm, the thermometer rising as high as 84°. From the 22d it was cool, wet, and gloomy, till the night of the 30th, when there fell a white frost. On the morning of the 1st January there was another white frost, and from that time the disease declined steadily.

The epidemic influence appeared to be felt by almost every person in the city, whether native or foreigners, acclimated or unacclimated. Thousands complained of an extraordinary uneasiness in the stomach and bowels, but in a vast majority of instances it was easily relieved, and but few bad cases occurred amongst those who were prudent and paid proper attention to the premonitory symptoms. The lower classes of people have evidently suffered most, which may be attributed to ignorance or neglect. The mortality at the Charity Hospital has been very great; yet no one can be surprised at it who visited that institution during the epidemic and witnessed the condition in which the patients were when admitted. Cholera is an insidious disease that generally steals upon its victims, seldom declaring itself openly until it has them completely within its fatal grasp. I have not a doubt that seven-tenths of the people who have recently perished of it in this city might have been saved, if they had procured proper medical aid at the onset of the disease. I presume there is hardly a physician in the city who has not been called to persons reduced to the most dangerous condition by relying too implicitly and too long upon some of the various "specifics" advertised in our newspapers and lauded by the editors. Yet some may have been saved by these very nostrums; for there be many in this good-



ly Commonwealth who have such an antipathy to physic, that they will not take it under any circumstances, unless they see its assumed virtues blazoned before the public by the effulgent illumination of fictitious puffs and certificates. They have a decided *penchant* for the marvellous, the mysterious, and the unknown. They scorn reason and common sense, and have contempt for honest simplicity in scientific researches. Like the followers of the veiled prophet of Khorasson, they

“Would be dupes and victims—and they are.”

But let me not weary your patience with matters of this sort. The people are free agents, and have the right to take what medicine they like. If they prefer artful humbuggery to honest unpretending science, why let them have it to their heart's content.

The mortality from cholera at its late visitation, compares most favorably with that of 1832, when it first scourged our city. The number of deaths by cholera from the 12th December, 1848, to the 20th January, 1849, as appears from the reports of the Board of Health, amounts to near 1400, five hundred and ninety-six of which occurred at the Charity Hospital. We learn from an interesting Memoir on the Cholera of 1832, addressed to the Academy of Medicine of Paris, by Dr. M. Halphen, a French practitioner of this city at that time, that the disease made its appearance about the 25th of October, in the midst of an epidemic of yellow fever; that in a few days it raged severely, and that in the short space of twenty days it killed about 6000 people. Dr. Halphen says, that the mortality amounted on some days as high as 500 a day. He estimates the full population of the city then at 50,000, and as cholera broke out during the prevalence of yellow fever, ere yet the absent citizens had returned and before the customary visitors dared to come in, he does not think the population at that time exceeded 35,000; thus showing the frightful loss of about *one-sixth of the people in about twenty days*. When we read over these sad details, we may well congratulate ourselves upon our happy deliverance from the late pestilence. True, we have lost about 1400 people, amongst them a few valuable citizens; but what would have been our fate if so malignant a disease as that of 1832 had broken out in December last, when all our own people were at home, and the city was full of strangers? In 1832, *the living could not afford decent burial to the dead*. Dr. Halphen states, that on some days upwards of one hundred corpses were accumulated at the cemeteries, waiting for interment. Large trenches were dug, into which cart loads of uncoffined bodies were heaped indiscriminately; and in the dead of night, a great number of bodies, with bricks and stones

tied to the feet, were stealthily thrown into the river. The same ratio of mortality at the present time would demand about twenty thousand victims. Let us turn from the appalling calculation, and thank God that we have been so mercifully spared.

As in 1832, the epidemic has declined to a stage of comparative security, but the disease has not entirely disappeared. There is as little cholera in New Orleans at the present time, in proportion to the population, as in any other part of the Lower Mississippi Valley. Whether the epidemic will be rekindled, at the approach of the ensuing summer, remains to be seen. If the miserable condition of the city, as regards cleanliness, will have any influence upon the event, we may certainly expect it. New Orleans must ever continue to be a prey to the most fatal diseases that prevail, until something efficient is done to improve its sanatory condition.

The manner in which the cholera has spread from this city, in every direction, forms a problem as curious and difficult as that of its first appearance. Almost every vessel that left the city, a few days after the disease commenced, soon had cases aboard, and on some of the steamboats going up the river there were twenty or thirty cases and many deaths. Thus, persons having the disease, and dying of it, were carried to all the landings, towns and cities up the river as high as Cincinnati. In many of these places it spread to a limited extent among the inhabitants; in others it did not. We have as yet heard of no place up the river where the disease has prevailed as an *epidemic*. We learn that cholera is spreading among the plantations along the river, and also in the interior of Louisiana. To some of these the infection appeared to be directly carried; at others it began without any communication with an infected district. The most remarkable mortality that we have heard of, out of the city of New Orleans, occurred in the 8th Infantry, a body of 450 soldiers which arrived here from Jefferson Barracks on the 1st of December, and were stationed at the Barracks, about four miles below New Orleans. There they remained till the 12th, when they embarked for Port Lavaca, in Texas, on board the steamships *Telegraph* and *New Orleans*. These ships reached Port Lavaca on the 15th, but the men did not land till the 20th December. On the night of the 21st, according to a correspondent of one of our newspapers, the right wing of the regiment, under the command of Brevet Major Gates, moved twelve miles into the country; the left wing, under command of Major Morrison, remaining in Lavaca. During the night the weather changed, from sultry heat to a cold, rainy norther, and by daylight four soldiers of those left in the town were dead with cholera, and many laboring under the disease. On

the following day an express came back from Major Gates, with the intelligence that his men were falling rapidly with the same disease. The disease raged with such severity that in the brief space of three or four days 115 men, or about one-fourth of the command, perished. Yet, strange as it may appear, the correspondent informs us that "no cases occurred among the citizens." Now these soldiers must have imbibed the morbid cause somewhere, which lay dormant in their systems, like a powerful enemy in ambush, until a fit opportunity was offered for action by the sudden and malign influence of a Texan norther. Then it sprung upon its unsuspecting victims, made dreadful havoc, and in a few days vanished.

We are informed that cholera has prevailed to a considerable extent at Houston, Texas, whilst Galveston on the sea-board, has escaped, although situated on the line of travel from New Orleans to Houston.

Soon after the epidemic commenced in this city, a trader on Esplanade street took his negroes (about sixty in number) across the lake and located them in the pine woods, where he hoped they would be perfectly secure. They were all well when they left the city, excepting one case, which terminated fatally on the day of their arrival over there, and continued well for nearly three weeks after reaching their point of destination. The cholera then broke out among them and killed a considerable number in a very short time.

At the Charity Hospital, probably as many as fifty cases have occurred among the nurses, servants, and persons who had been admitted for other complaints.

After reviewing the few recent facts which I have just stated, what shall we say about the contagiousness or transportability of cholera? Numberless striking facts recorded in the history of cholera would seem to prove beyond cavil that it may be transported from place to place, through the medium of persons affected. On the other hand, the numerous instances in which the disease failed to be propagated through this medium and the utter futility of rigid quarantine regulations and sanitary cordons in arresting its march, would seem to authorize a different opinion. Amidst these contending difficulties, if the reader can arrive at a satisfactory conclusion, I can only say he is more fortunate than myself. Speaking of quarantine, perhaps we may hear before long that the city of Natchez, on the river above us, has been protected from cholera by *her* quarantine. I have been informed that there were some fatal cases of cholera in that place. Moreover, I have good authority for saying that the quarantine regulations of Natchez are altogether worthless, except to the officers charged with their enforcement.



I ought not to close this communication without saying something about the general character of the disease, and the treatment pursued by the physicians of New Orleans. As to the character of the epidemic, I think I may safely say that it has not been very malignant. In most instances the attack was insidious and mild—generally commencing with a looseness of the bowels, attended with more or less griping, and often accompanied by nausea and vomiting. The latter symptoms almost invariably attended those patients who had committed imprudence in eating. Without descending into minutiae, I may say that the disease almost invariably commenced with some unusual disturbance of the digestive organs. When this disturbance commanded the attention it deserved, it was generally most easily remedied by the simplest means; but if neglected, it seldom failed to lead on to the most disastrous consequences. This, then, is the *curable stage* of cholera, and almost the only stage in which it can be cured; for if it be permitted to run on till the patient becomes cold and pulseless, ninety-nine in a hundred will inevitably die. By powerful means, reaction may often be established; but the danger is not yet passed—a great majority still die of the consecutive fever. Say what you will about creating *panic* and spreading alarm amongst the people, I feel no hesitation in asserting that when epidemic cholera is prevailing, every person who has any unusual diarrhœa, had better believe he is *a case* and act accordingly. If this simple rule were universally adopted, cholera would soon be rendered comparatively harmless. Thus, according to Dr. Watson, one of the ablest English authors, the disease was arrested in London by the establishment of "*Diarrhœa Dispensaries*," where the poor were supplied gratuitously with proper remedies. Thousands applied, who would otherwise have waited to *get ill* before going to a hospital to be treated. Who can deny that it would be well to *frighten* the people, if need be, into this degree of precaution? Without it you may rest assured there is no safety.

I deem it unnecessary to enter into a minute detail of the symptoms that characterize cholera, as they are familiar to most persons, whether belonging to the medical profession or not. It may not be amiss, however, to mention a few of the most remarkable ones that attended the late epidemic. Many bad cases were marked by an obstinate vomiting of bile, which continued until death. The vomiting would continue for days, and incredible quantities would be thrown up. In these cases the diarrhœa was generally moderate and sometimes absent. The worst cases were those in which the rice water discharges were profuse, as well from the stomach as the bowels. In these, there was no appearance of bile whatever.

A few cases were seen at the Charity Hospital which terminated in black vomit.

When collapse supervened early in the attack, before the system was too much exhausted by copious rice-water evacuations, it was less difficult to bring about reaction, and there was better hope of ultimate success. So far as I know, the only cases of recovery that took place after decided collapse, were of this kind.

Where reaction from a state of collapse was slow and difficult, a sort of typhus fever supervened, which lasted for some days, and generally terminated fatally with affection of the brain. The intellect was generally clear and undisturbed to the last excepting those who died of the consecutive fever. It is marvellous and astounding to witness the mental clearness and composure of some persons dying with cholera! Whilst the attendant relatives and friends are agonized with grief at the sudden and awful calamity, the poor victim is often seen supernaturally calm and uttering words of consolation with the expiring breath.

The treatment of cholera admits of much variation. Educated physicians every where concur in the indications to be fulfilled or what is wanted to be done; but amidst the multiplicity of remedies at their command, of course each one resorts to such as he thinks are best adapted to the circumstances of the case. Doubtless the same object may be accomplished by a variety of means, if it can be accomplished at all; and in our choice of remedies we must be guided by observation and experience. In the treatment of what are called the premonitory symptoms, the first indication is—to check the diarrhœa as soon as possible, keeping an eye at the same time to the important secretions of the liver, kidneys and skin. For this purpose, physicians very generally resort to opium and its preparations, combined with stimulants and aromatics—or opium with some mercurial, or with quinine. According to the urgency of the symptoms a good prescription may be made of laudanum or paregoric and brandy—or laudanum, spirits of camphor and tincture of assafœtida—or laudanum, essence of peppermint and compound spirits of lavender—or calomel, opium and capsicum or camphor—or equal parts of paregoric and tincture of catechu. The following is a recipe which I found to answer very well, viz:—℞. Sulph. Quinin, dr̄m. i.; Tinct. Opii., dr̄s. iss.; Tinct. Capsici Comp., dr̄s. iii.; Mucilag. Acaica with Aqua Cinnamon, f. oz. iv. M. Give a table-spoonful and repeat after every two loose stools.

Although opium is so often found in the prescriptions above, I should mention that some physicians disapprove of it, and sel-

dom prescribe it in cholera, except by enema. These gentlemen place their chief reliance upon calomel, combined with camphor, capsicum and the like. As to the sulphate of quinine, it appears to be serviceable in almost every kind of disease that occurs in this region. It possesses remarkable intrinsic virtues, and may be used as an adjuvant to many other remedies.

In the treatment of the violent or acute stage of cholera, when there is vomiting, purging and cramps, we resort to anodynes, antispasmodics, stimulants, calomel, &c., internally, aided by sinapisms, stimulating frictions, &c., externally.

The treatment of the stage of *collapse* is altogether desperate. As before stated, a vast majority of patients die after getting into this condition; and it is no wonder, for the system is then completely drained of its vital fluid. An excessive hæmorrhage from a divided artery would not produce a greater prostration than is brought about by the copious serous evacuations of cholera; for all the fluid discharged is abstracted from the blood. Various remedies are used in this stage, such as sinapisms, blisters, the hot and the cold bath, the hot air bath, calomel, carbonate of ammonia, &c., &c. The most remarkable recovery from collapse that I witnessed was effected by very large doses of calomel, washed down with table-spoon doses of laudanum, aided by sinapisms and frictions with spirits of turpentine and sweet oil. This was a lady who was rescued from the very jaws of death. She was afterwards pretty badly salivated, but recovered without serious injury.

Two other physicians attended her with me. In the case of Dr. Morgan, mentioned before, I witnessed the astonishing power of cold water in bringing about reaction from a hopeless state of collapse. Warmth was restored, the pulse returned at the wrist, and life was prolonged two or three days; but still it failed, for the injury sustained was irreparable. The cold bath was administered in this instance at the suggestion of my friends, Dr. Richardson, of Vicksburg, and Dr. Gustine, late of Natchez, who said they had derived great benefit from it in the cholera of 1833. Being favorably impressed with the power which the remedy displayed in the case of Dr. M., I resorted to it in two other cases of collapse in private practice. It produced reaction, but they both died for want of vital power to sustain it.

I must apologise for the length to which this communication has unexpectedly been drawn. I have not gone into the minutæ of the theory and practice, or the pathology of cholera. It is to be hoped that our medical journal will be enriched by some valuable papers on these subjects, especially the pathology of the disease, which has been laboriously investigated by some of our most respectable physicians.



Before closing, I will offer a remark or two on the course to be pursued by persons exposed to the epidemic influence of cholera :

1. Let them avoid imprudent excesses of all kinds.
2. Let them not make too sudden and great a change in their established habits.
3. Most persons should avoid fish and oysters ; also, acid fruits and vegetables, with the exception of rice, potatoes, and beans.

4. When feeling weak and slightly indisposed, let them take a little good brandy or wine.

5. Let them pay prompt attention to the first and slightest premonitory symptoms. Their family physician, or some respectable regular physician will give them the best advice they can obtain, as it is their interest as well as their duty to preserve the lives of their employers.

6. When some simple remedy does not quickly arrest the disease, they should send for their physician : they will be apt to do this sooner or later, and it is but right that he should have a fair chance to save them, as his reputation is involved in the result.

By attending to these simple directions, many may escape the impending danger ; whilst, by neglecting them, thousands will fall into untimely graves.

Very respectfully,

New Orleans, January, 1849.

E. D. FENNER.

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*Influence of Quackery on Health, Morals, &c.*—(Boston Medical and Surgical Journal.)

Remarks of Mr. SANBORN, of Hanover, in the N. H. Legislature, upon the Bill incorporating the New Hampshire Medical Botanic Society.

The most scientific physicians of the age admit that, in past ages, too much medicine has generally been administered to the sick. Excessive medication has been a fault of many practitioners of the healing art ; and why ? Simply because a large proportion of the diseases for which physicians are called upon to prescribe, are *imaginary*, and the patients really need no medicine. All physicians and metaphysicians agree on this point, that the imagination has an important agency both in the production and cure of diseases. The mind and body are so intimately associated that they mutually affect each other. Moreover, many real diseases are merely *functional* and not *organic* in their nature. They belong rather to the movement

of the vital machinery than to its separate organs. For instance, a clock or watch may be perfect, in all its wheels, and yet fail to make the time accurately, because it is not well regulated. So the human system may be sound and entire, in all its parts, and yet its healthy functions may be so deranged as to render the patient really *ill*. Now what does such a man need? Simply the *advice* of a competent physician, who may prescribe, perhaps, a change of diet, a change of place, new objects of attention, increased exercise, or some inert and harmless medicine to satisfy the demands of the patient. The existence of this great class of merely *functional* and frequently *imaginary* diseases, gives the homœopathist his wonderful success. Being called, in many cases, where the patient needs no medicine, he administers an infinitesimal quantity, just to satisfy the demands of the sick, that "something should be done," and the man speedily recovers. Did any sane man ever persuade himself that the efficacy of a medicine is increased precisely as its quantity is diminished? and that the smaller the dose, the more potent its influence? If the doctrines of the founder of homœopathy be true, an ounce of opium would convert Lake Superior into excellent paregoric, and the world might be supplied with soporific mixtures already *shaken* and fit for use, as long as time shall last. But Hahnemann was a deceiver and an impostor. His own language to a friend was—"I give medicines but very seldom, although I always prescribed small powders! I do this for the sake of keeping up in the patient's mind the firm belief that each powder contains a particular dose of some medicine! Most patients will get well by adopting a simple mode of living, and by placing a boundless confidence in their medical attendants." It is, no doubt, well for the patient to confide in the skill of his physician, and it is sometimes well to humor the patient's desire for a prescription, though no medicine be needed. In such cases, the most eminent physicians frequently administer some innocent substance, as a bread pill, or a little gum Arabic water, which usually proves successful.

Besides the imaginary diseases above alluded to, another large class arises from slight indigestion, or from occasional intemperance in food or drink. A man abuses his system by excessive eating, or by improper or innutritious food. He suffers from nausea, faintness and depression of spirits. At night he is troubled by bad dreams or incubus. Another, perhaps, has been too closely confined to a sedentary life, has inhaled bad air, and feels languid and feeble, experiencing what an old lady once denominated "a sense of all-gone-ness." What do such patients need? The first should *fast*; the second should "take

up his bed and walk." But while they are suffering from a voluntary transgression of the laws of health, the advertisement of some nostrum venter meets their eye. It matters little what the medicine may be, it is adapted to cure any and every specific disease. Their symptoms are exactly described; thousands have already been cured, and respectable men certify to the efficacy of the offered remedy. They, too, are persuaded to try it. They take into the stomach, already enfeebled and needing rest—a stimulant, perhaps an active poison, which operates as a local irritant. The patient immediately feels better, and the next day is ready to certify to the wonderful efficacy of the new remedy, and perhaps on the day following he finds it necessary to resort to it "*yet again.*" The miraculous cure can be easily accounted for. The operation of the stimulant or local irritant is simply this. It has pleased the Creator to lay up in the store-house of the human constitution a vast amount of strength and animal spirits, which remain latent while the system is in healthy and undisturbed action, but are developed by certain exciting agents and causes. This dormant energy may be waked to action either through the agency of strong passions and mental excitement, or by medical agents operating mechanically upon the delicate lining membrane of the internal organs. Alcohol and all the diffusive stimulants operate, in this way, upon the animal system. As most of the nostrums of the day contain alcohol, or some other poison or irritant resembling it in its effects, we may very properly illustrate the operation of patent medicines, by the well-known effects of alcohol. Alcohol, like other active poisons, is *indigestible*; and, of course, *innutritious*. No part of the system can assimilate it. When taken into the mouth its tendency is to corrugate its lining surface and produce a burning sensation in the organs of taste. It produces the same effect upon the stomach. It is taken up by the absorbents, and mingling with the blood, it moves in a fiery current through the arteries and veins, visiting, in its course, the heart, the lungs, and the brain. Of course, the nervous system is greatly excited, and there is an increase of nervous energy, and consequently an increase of strength and animal spirits. The latent powers of the system are roused, and the machinery of life moves with an increased and unnatural velocity. This effect continues till the offensive fluid, being rejected at every portal of life within, is thrown off from the system by the emunctories and pores of the skin. Herein it operates as a deceiver. The wary man, or the sick man, drinks and feels refreshed. He is, as he believes, both brighter and stronger; while, in fact, he has only drawn, in advance upon that nervous energy, which



is treasured up to meet the demands of the system in cases of emergency. Any of the violent passions would, when in action, produce the same result. Let a neighbor approach the toper just as he is about to raise the cup to his lips, and spurn him with the foot or buffet him with the fist, without provocation, and will not the insult make the wary man forget his fatigue? Will it not increase his strength as much as though he had swallowed the potation. No doubt it would; and the excitement resulting from the exercise of any strong passion would produce the same result, whether it be love or fear, jealousy or hate. But in the human constitution, as in physics, action and re-action are equal and in contrary directions. The unnatural excitement, from whatever cause produced, whether by alcohol, vegetable elixirs or passion, is followed by unnatural depression and consequent physical exhaustion. A man, by using artificial stimulants, may do the work of two days in one, and he will live two days in one; and this is the reason why drunkards do not live out half their days. The same is true of those who swallow large quantities of patent medicines, which usually contain some active poison. They operate as a stimulant or local irritant upon the already jaded stomach, destroy its healthy action, and produce a chronic and incurable disease.

But it may be asked, if this be the ordinary effect of frequent medication by popular nostrums, why are so many cures announced? The answer is obvious. The sick recover in spite of the medicine, but would recover much sooner without it. Many of these boasted cures are only lucky coincidences. *Post hoc, ergo propter hoc*, is the great stumbling block of ignorant men. One event follows another in the order of time, the inference is that the consequent was the effect of the antecedent. Patrick called on his physician for a prescription for his wife. He was ordered to apply a blister to the chest. Pat having no chest in the house, applied the blister to the lid of an old trunk, and the wife *happened* to recover, and was ready to certify to the efficacy of the application. A few years ago, there lived in Vermont a medical prophet, who healed the diseases of patients at a distance, provided they sent him a minute account of their symptoms, *with the required fee*. A lady residing in the county of Cheshire, in this State, who had for a long time been in ill health, had faith in the prophet. She besought a neighbor who was about to visit the residence of the prophet, to carry a letter detailing the symptoms of her disease. She inquired diligently the time when he would arrive at the place, that she might know whether her disease was affected by the power of the prophet. At the supposed time of his arrival, she began to amend; the next day she walked

abroad, extended her walk the day following, and when the neighbor returned, was much improved in health. On inquiry, she ascertained that the faithless neighbor had never seen the prophet, and her unopened letter and money were returned. The history of charlatanry is full of such facts. It is no doubt true, that more than half the cases of illness that occur, would terminate successfully if no physician were called and no medicine were taken. These cases furnish the certificates of impostors.

The cure of the scrofula by the royal touch, the weapon ointment and sympathetic powder, in popular use about 200 years ago, furnish testimony in point. For many generations, it was customary for the kings of England to lay their hands upon persons afflicted with the "king's evil" (so called), and hang a piece of gold around the neck of each patient. The profligate Charles II. is said to have touched nearly 100,000 patients of this description, all of whom were essentially benefited, except in cases of deficient faith. It will not be denied that the peculiar mental state of patients, in such cases, may have modified real disease, and perhaps, in some instances, removed it; still, the virtue resided in the *patient*, not in the *King*. The *unguentum armarium*, or weapon ointment, which was so popular for a time in healing wounds, was applied to the *weapon* and not to the *wound*. A similar use was made of the sympathetic powders, for the relief of pain. A handkerchief or some article of apparel belonging to the sick was moistened with a solution of the powder, and the patient was relieved. Thousands were ready to testify to the efficacy of each of these absurd curative processes. So when Perkins's metallic tractors were in vogue, about 40 years ago, it is said that a million and a half of radical cures were announced as resulting from the use of these harmless pieces of metal. They were soon discarded by the public when it was ascertained that equally wonderful results were produced by tractors of lead or wood, with nails, pieces of bone, slate pencil and tobacco pipe. Then men forebore to pay five guineas for a couple of ounces of brass and iron! Surely the poet has well said:—

"The world is generally averse  
To all the truth it sees and hears,  
But swallows nonsense and a lie  
With greediness and gluttony."

\* \* \* \* \*  
"Surely the pleasure is as great  
Of being cheated as to cheat."

The truth is no man is proof against deception; and when the body is weakened by disease, real or imaginary, the mind suffers from sympathy; and under such circumstances, the most

intelligent are easily duped by pretenders and quacks. Their medicines always promise more than any medicine, however good, could be expected to perform. It is safe to assert that there is not an advertised nostrum, in the market, which does not hold out false hopes to the sick. Every such advertisement is an imposition upon the public, whether it come from physicians regular, irregular or defective; and in the grammar of medicine, the latter class is very numerous. If one tithe of what the vegetable doctors assert were true, we might attain unto what the progenitors of our race would have secured by partaking of the fruit of the tree of life. We might "live forever." If the pompous assertions of the makers of cosmetics, washes for the face, and beautifying lotions, were true, we might have ladies beautiful as the houris, with the assurance of perpetual juvenescence. In a word, we might bid defiance to the darts of death, and the vegetable doctor might stand over the prostrate king of terrors, and exclaim, in triumph, "Oh death, where is thy sting?" and then turn to his patient, and in the language of Oriental adulation, exclaim, oh patient, "live forever"!

It is pretended that nobody is deceived by the professions of quacks. Every day's experience contradicts this assertion. The rich and the poor, the wise and the simple, are all occasionally deluded by these cheating, lying impostors. The human mind is so constituted, that we must confide in others. We are made to trust each other; to believe the solemn declarations of our fellows. Without this mutual confidence, society could not exist: hence the abuse of it becomes the more odious. None are so credulous as the sick. They listen readily to the advice and suggestion of others. Fearing the ravages of disease, they eagerly lay hold of any hope, however delusive, which empirics may hold out to them. The extensive sale of vegetable medicines proves this. A few years ago, when Morison's vegetable life pills were so popular in this country, a suit was commenced in a court in Massachusetts, by Morison and Moat, against John K. Palmer, for selling a spurious article. It appeared there in evidence, that the proprietors had been so successful in England, as to be able to establish the "British College of Health," at an expense of \$250,000, from which agents were sent into all the principal cities in Europe and America. The demand for these pills became so great, in this country, that the sale amounted to \$250,000 in a single year; and the seller of the spurious pills had disposed of 100,000 boxes, before he was arrested by the patentee. It appeared, furthermore, that this "British College of Health," with its high sounding name, had neither charter, professors, nor students; but



consisted of an immense building in the suburbs of London, with appropriate apparatus for the manufacture of "Hygeian pills"; and that the proprietor was neither surgeon, physician nor man of science, but an arch quack. What has become of this vaunted remedy, in the brief space of ten years? Gone, like thousands of its pedecessors, to the shades of Erebus and old Night!

The fact that new nostrums remain popular only for a brief period, proves that their healing virtues, like the diseases they profess to cure, are *imaginary*. Each remedy has its brief day of glory, and is succeeded by a rival candidate for the popular applause. Each new invention has a two-fold office. It comes to bury the dead and herald a new race. Every fresh adventurer denounces all rivals as deceivers and impostors. These makers and venders of nostrums abuse each other like pickpockets. They wage upon every fellow quack an internecine war. Ever member of the fraternity is an Ishmaelite to every other. On all sides it is war to the knife, and the knife to the hilt. The dead lie prostrate on many a hard-fought field; but it is the *patients* who die, not the *quacks*! But are we not bound to believe what these impostors say of each other? Who should know the tricks of the trade better than they? If we can trust their promises, we certainly are bound to credit their assertions concerning the fraternity. They warn us, "as we value health," to shun all prescriptions of quacks except their own; and this is done by every inventor of a new medicine. Look at the flaming advertisements of the rival Drs. Townsend, which stare us in the face from every paper printed in Concord, together with a beautiful wood cut, representing old Dr. Jacob Townsend himself. These rivals mutually vilify each other. If they speak the truth of each other, no greater villains walk the earth, "unwhipped of justice." They both offer for sale a syrup of sarsaparilla. The old doctor says he has paid \$200,000 within the last eight years for advertising; and whence came this immense sum? We cannot suppose that any man would devote more than a tithe of his income to advertising; therefore the doctor must have been doing an excellent business in the sarsaparilla line, for eight years. Indeed, Messrs. Allison & Gault, of this town, certify that they alone have sold over 4000 bottles of that article within the past year.

At the present day there is a great fondness for vegetable medicines. Anything having the prefix of vegetable to it, *goes down* with the multitude. Notwithstanding everybody knows that no new vegetable has been discovered, and no new properties have been detected in vegetables before known; still they

confide in the assertions of cheats and knaves that the commonest herbs may be made sovereign remedies for "all the ills that flesh is heir to." It is equally well known that a majority of all the medicines in the pharmacopœia of the regular faculty, are of vegetable origin; and, that the most deadly poisons, such as destroy life almost at a blow, like a thunder-bolt, are from the vegetable kingdom; still we are told that all vegetable remedies are safe, while mercury is the great bugbear of the many. But it has been proved, in courts of justice, where quacks have been arraigned for manslaughter, that pills, professing to be purely vegetable, have produced *salivation* in the patient. There are, perhaps, a score of infallible remedies for consumption; and, there can scarcely be a doubt that the only ingredient in them all, which serves to allay the irritation of a chronic cough, is *opium*! This for a time quiets the consumptive patient, and deceives him with the hope of recovery; but by frequent use of it, the strength is exhausted, and the system sinks under the repeated assaults of empiricism.

But of all the gross and palpable impositions upon the public credulity, the pretence that the Indians understand the healing virtues of roots and herbs is the most absurd and monstrous. Civilized and christian men having recourse to savages to learn science! It is, however, a notorious fact that Indian "medicine men," as they are called, are the greatest impostors living. They surpass their civilized imitators. They "out-Herod Herod" in knavery. The whole system of practice among the Indians has always consisted in fraud and pretence. Catlin, who spent years among our North American Indians, constantly affirms this. They know literally nothing of the power of simples. They employ over the sick, charms, spells and incantations, and make use of amulets and consecrated medicine bags as curative agents. Yet our scientific botanists go to these ignorant, besotted dupes of superstition, to learn medical science! Sometimes a veritable Indian doctor appears among us, with more *brass* than *copper* in his face. He makes his prescription with great gravity and solemnity. He cuts his herbs and gathers his roots under the influence of certain astronomical signs! These signs, by the way, are but a relic of old astrology, as ancient as the Pharaohs, and have no more significancy for us than the worship of Isis. But our doctor regards the "stellar influence" in gathering his herbs. He strips the bark *upward* for an emetic, and *downward* for a cathartic. He steeps the whole in river water taken up in a peculiar way. I once heard of an instance where the whole process failed because the patient dipped the water up stream instead of down! "Because you see," said the learned doctor,

“if the water be dipped up stream, it goes *agin natur*; if down stream, it helps *natur*”! Such are Indian doctors. *Ab uno disce omnes.*

Last, but not least, I mention the inventions of Thomsonians. To this class belong the petitioners. According to the system of farmer Thomson they practise medicine. This system every where discourages study, and encourages empiricisms. Like Dogberry in the play, they not only hold that “reading and writing comes by nature,” but medical science comes by inspiration, or accident. The founder of this system gained his knowledge entirely by experiment and chance. By accident he discovered the emetic properties of lobelia. He first administered it as a medicine to his own children for measles. On the rehearsal of this fact, one of his eulogists exclaims:—“Hark! attention the universe! Momentous event! To his own child, when greatly debilitated, did Samuel Thomson administer, in November, in the year 1802, several portions of lobelia inflata as an emetic. Propitious moment, well worthy of being celebrated, could the exact time be ascertained, throughout all ages to come”! The philosophy of this great man was truly simple! He says—“the component parts of all animal bodies are earth and water. These are the solids; fire and air are the fluids. Death and life are cold and heat.” This is all very natural, very artless, and clear as mud! But it is as difficult to see the bottom of a puddle as of the ocean; hence, by a figure of speech, we may denominate this bold theory, *profound*. Medical practice is greatly simplified by his new hypothesis of disease. “Disease,” says he, “is a unit, having one common and general cause, and requiring one general remedy for its removal.” Hence steam and lobelia were applied by him and his followers in all conceivable cases. But if human diseases require but *one* remedy, this new philosopher found that human credulity would tolerate some *twenty* or *thirty* different preparations of it, and the individual who heads the petition now before this House, has invented nearly as many more purely vegetable remedies! How complicated this *unit* of disease and remedy becomes, as we move onward, by the power of steam! This is the great motive power of all modern enterprise. Our ships are propelled by steam; our machinery is driven by steam; we travel by steam: and any man who chooses may take his long and last journey to “that undiscovered country from whose bourne no traveller returns,” by *steam*.

I have said that the Thomsonian practice discourages scientific study. This appears in the writings of all its advocates. In the “Thomsonian Manual,” printed at Boston, No. 8, page 121, it is written—“Dr. Thomson has always opposed the idea



which some entertain, that a college education is necessary for a practitioner, or to advance the glorious system of which he is the founder." The writer admits that medical institutions may be useful, but still maintains that they are not necessary; for he adds, "that it requires a long and laborious study of the anatomy and physiology of man, or a profound knowledge of botany, in order to make a successful Thomsonian practitioner, the career of Thomson and many others proves the contrary." He goes on to assert that the requisition of study for a year or two in some college or infirmary creates "a dangerous monopoly," and tends to clothe the new theory in mystery. Dr. O. P. Warren, the first individual named in this act of incorporation, in his "*Vegetable Expositor*," No 1, page 19, speaking of botanic practice, says—"The shop of the chemist, with its thousand of technical instruments, and the paraphernalia of the druggist, are not necessary to its existence. Nature is its laboratory. Nature, his chemist, furnishes, in every clime, the cure for every incidental disease, in some simple vegetable; and every child of nature understands the disease and remedy. It is only within the pale of civilization that these vegetable remedies have been unknown." He adopts, it seems, the notion of Indian skill; nay more, he says, page 1 of the same pamphlet, that Samuel Thomson "learned from the beast the physic of the field." The only useful lesson taught by the beasts is to shun vegetable poisons. They never crop these vile weeds, except by mistake. The object of this system is to multiply nostrums, and sell them to enrich the inventors. These medicines have already become a heavy burden to the community. They need no legislative encouragement, but rather require prohibitory enactments. They have become as numerous as the frogs of Egypt. They are found in our marts of business, in our shops, and in our streets. They are carried by pelders from house to house. They come up into our chambers, and our kneading troughs, and our beds! The makers of them amass princely fortunes and live in palaces. The buyers of them, for the most part, lose their purchase money and their health. It is by no means contended that all these nostrums are uniformly injurious to health. Some of them may be useful, if properly applied. But as they are used indiscriminately by all classes of persons and for all sorts of diseases, they are undoubtedly productive of infinite mischief. Such of them as are invented by illiterate pretenders to medical knowledge, cannot be safely used by any person. Many of the Thomsonian practitioners boast of their ignorance and glory in their shame. They openly abuse learning and its advocates; yet they prate about nature's laws. They pretend "to assist nature" in the

cure of diseases. How can they assist nature, unless they know how nature acts? They are quite as likely to contravene the laws of nature as to co-operate with her, unless they have thoroughly studied physiology and anatomy. These sciences they discard. Botany alone they study and that *empirically*, and thus "*assist nature*." If nature could utter her voice, she would, no doubt, exclaim in the language of the Patriarch of Uz, "miserable comforters are ye all."

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*Observations on Collodion in Treatment of Diseases of the Skin.*

By ERASMUS WILSON, Esq., F. R. S.—(Lond. Lancet.)

It is now about four months since a solution of gun-cotton in sulphuric ether (collodion) was placed in my hands by Messrs. Bell of Oxford-street, and since I first proceeded to employ it in the treatment of cutaneous diseases. I was at that time much interested in the medical progress of a young lady (the daughter of a physician in the west of England) who had been suffering for many years with scrofulous ulceration of the skin in various parts of the body. She had been under my care for several months, and the sores were much improved, but they were nevertheless very far from being healed. The diseased skin had the appearance of being worm-eaten, its hollows were filled with pus, which burrowed under the surface, and it was moreover thickened and congested. By the constitutional treatment which I had pursued, I had, to a considerable degree, corrected the pyogenic tendency of her system; but I felt the want of a local remedy that would serve as an impermeable covering to the surface—in fact, take the place of the lost epidermis, and act the part of an artificial scarf-skin. I had tried vulcanized caoutchouc spread with adhesive plaster, gutta percha, nitrate of silver, astringent solutions, ointments, and pressure by bandage, in vain—the remedy was not as yet found. I was revolving this difficulty in my mind when the collodion was put in my hand. The bearer of the little bottle may remember my exclamation, that "that was exactly the thing I wanted."

On the next visit of my patient, I removed the dressings from the sores, and pencilled them over with the new agent, which covered the surface with a powerfully adhesive film, of about the thickness of gold-beaters' skin, and effectually represented the lost scarf-skin. A piece of dry, soft linen was the only additional covering required, and she left me, much delighted at the abandonment of the local applications and bandages. This young lady has since continued to apply the collodion herself,

night and morning, until the present time, when the sores are nearly well, and the congestion and scrofulous thickening of the skin almost gone.

From careful observation of the effects of the collodion in this case, I found it to possess four important properties—viz:

First. That of a mild stimulant.

Second. That of an efficient substitute for the natural scarf-skin.

Third. That of a mechanical compress.

Fourth. That of an adhesive glue, from which quality it derives its name.

First. As a mild stimulant, it is fitted to exert a local alterative action on the congested capillaries of a chronic ulceration and give activity to the healing process.

Second. In its character of a substitute for the absent scarf-skin, it is transparent, pliant and more or less impermeable, according to the thickness of the layer that may seem to be required.

Third. Its most remarkable property, as it seems to me, is the contraction which occurs during the dessication of the collodion, and which produces a local pressure of considerable power on the surface to which it is applied. Thus, in the case above related, the congestion of the thickened skin was relieved by the varnish-like film of collodion spread upon its surface, by means of a camel-hair brush, as completely as if a nicely adjusted bandage had been placed over it. In another instance, I found a film of collodion entirely remove a purple congestion (resulting from imperfect circulation) from the tip of the nose, in a lady who had long suffered from the annoyance. In a third case, in which the fingers of an elderly lady were congested and blue, and the congestion was attended by pain and throbbing, like that which accompanies chilblains, the collodion produced so much contraction as to render their tips white and bloodless, and I was obliged to discontinue the application in consequence.

Fourthly. The glue-like property of the collodion is evinced in its adhesion of cut surfaces, a property which is much increased by the contraction above mentioned. When employed with the purpose of keeping together the edges of an incision, a piece of cambric or thin linen rag should be dipped in the solution, and placed along the line of incision, after the cut edges have been adjusted and carefully dried, perfect dryness of the skin being a necessary condition to the adhesion of the solution. From the rapidity with which the solution dries, and its perfect adhesive powers, collodion is likely to occupy an important place in surgical practice.



The diseases of the skin in which I have hitherto used the collodion with advantage are, chronic erythema of the face: intertrigo; chapped nipples and chapped hands; herpes labialis, preputialis, and herpes zoster; lichen agrius; lupus non exedens and exedens; acne vulgaris; and several affections of the sebiparous organs. In chronic erythema of the face, its contracting power was most usefully evinced, as it was also in lupus non exedens, and acne.

In a troublesome case of chapped hands and fingers, resulting from chronic lichen agrius, the collodion acted not merely as a protective covering, but also promoted the healing of the cracks more quickly than the remedies I have been in the habit of employing. In chapped nipples, it was even more efficient in its protective and curative action, and seemed, in the two instances in which I used it, to work a charm upon the painful skin. The gaping cracks were instantly drawn together and almost obliterated by the contracting power of the remedy, and were effectually shielded from the influence of moisture and the pressure of the gums of the infant, and all this, in consequence of the rapid evaporation of the ether, in an instant of time. In another point of view the remedy is invaluable as an application to chapped nipples—namely, as being in nowise injurious to the infant, from offering nothing which can be removed by the lips during the act of sucking, and in this particular, therefore, possessing a vast superiority over the various forms of ointments, astringent lotions, &c.

In four instances, it immediately put a stop to herpes labialis, and in a very severe attack, it showed itself to be a powerful and useful remedy. Small superficial ulcerations of the corona glandis and prepuce, caused by excoriation, were cured by a single application, and in a gentleman very susceptible of excoriation, it acted admirably as a prophylactic. From the success of the latter trial I am inclined to think that it might be usefully employed as a prophylactic, in case of exposure to syphilitic contagion.

When properly applied, the collodion enters all the crevices of the lines of motion of the skin, and adheres so firmly as to require several washings for its removal. As it is usually prepared, it has the consistence of syrup, and in this state is best suited for those cases in which its adhesive properties are principally needed. Where, however, it is intended to be applied to the surface of an ulcer or abrasion, or to chaps of the skin, I find it convenient to dilute it with ether, and render it almost as limpid as water.

In pursuing this subject, I have made trial of a solution of gutta percha in chloroform, and also in benzole, but these solu-

tions are very inferior to the collodion, for the purposes above named. Their adhesive powers are weaker than the collodion, and the layer which they form when painted on the skin, is apt to rise at the edges, and rub off.

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*Extract from a Clinical Lecture on Cholera.* By Prof. HARRISON, of Cincinnati, O. (Western Lancet.)

DIRECTIONS FOR THE PREVENTION OF CHOLERA.

I.—*Purity of Air.*

a. All impurities of a personal and domestic nature to be removed—free admission of fresh air, with entire perfusion of atmosphere.

b. Humidity to be removed by fires—dry scrubbing to be used in domestic cleansing, in place of water cleansing.

c. Crowding of persons within apartments to be avoided, especially during sleeping hours.

d. Avoid the use of every article that would impregnate the atmosphere with vapors of any kind—tobacco, tar and even chlorine vapors, by deteriorating the vitalizing action of the atmosphere, are injurious.

II.—*Diet and Drink.*

a. No sudden innovation, or change, to be made in the plan of living.

b. Acid fruits and vegetables to be avoided.

c. Excess in eating to be shunned.

d. Poor diet, and impure water to be avoided.

e. Tea and coffee may be used by those accustomed to their use. Vinous or spirituous drinks to be avoided by those unhabituated to them, and employed moderately by those who have contracted the habit of their daily use.

f. Meat suppers to be avoided; but plain dressed meats may be eaten at dinner. Beef, mutton, fowls, and bacon may be safely eaten once a day;—pork should not be taken.

g. Rich deserts of every kind, with ice cream, to be avoided; also very cold drinks and acid liquors.

h. Cucumbers, melons, and corn are improper; rice well boiled, and Irish potatoes are best; bread a few hours out of the oven, is better than when very fresh.

III.—*Dress, and Protection of the Surface.*

a. Wet and insufficient clothing to be avoided. Flannel next the skin is partly protective, especially when a flannel, or woolen belt is worn around the abdomen.

- b. Extremes of heat and cold to be shunned.
- c. The bedding and clothing should be daily exposed in cold weather to the fire, and in summer to the sun.

#### IV.—*Exercise.*

- a. Fatigue is to be avoided.
- b. Moderate exercise, when not exposed to a damp air or hot sun, is best.

#### V.—*State of the Mind.*

- a. A calm, cheerful condition of mind is to be maintained.
- b. Fear, above all other emotions, is the most injurious;—an attack of cholera is frequently determined by the depressing agency of a strong presentiment of a seizure; or by an urgent personal appropriation of its peculiar phenomena.
- c. Scrupulously abstain from that “idle commenting of the brain,” which leads timid and excitable persons to a perpetual recurrence of thought upon this, to them harrowing theme.
- d. Although plausible grounds may be offered to prove that cholera is, on rare occasions, contagious, yet ample observation has demonstrated, and diversified experience attested, that no real contagious property appertains to the mode of its propagation. All the terrors of a dark and superstitious faith in its contagiousness, should be quieted under a calm assurance that there is no choleric poison given out by those afflicted with the disease, but that its mode of propagation is altogether atmospheric—that it spreads in virtue of a peculiar vitiation of the entire air we inhale, and not by distinct lines of personal contamination.
- e. Every thing calculated to depress, or in any way deteriorate the physical or moral energies, will act prejudicially.

#### *Treatment in the Precursive Stage.*

*First.* Employ the following tonic mixture, three times a day, in tea-spoonful doses, mixed with a wine-glass of cold water.

R. Sulph. Quinine, ℥ij.  
 Ether Sulphuric, ʒss.  
 Spts. Camphor, ʒiss. Mix.

*Second.* Carefully watch the state of the stomach and bowels. If sickness of the stomach comes on, and especially if looseness of the bowels, then no time is to be lost in applying for medical advice. But if there be no opportunity of immediately consulting a judicious physician, and the diarrhœa be slight, the following prescription may be usefully taken—and this, with a strict regulation of the diet, and avoidance of fatigue, will prove available for an arrest of this symptom of the precursory period of the complaint.



℞. Tinct. opii, ʒij.  
 Ess. ppt., ʒj.  
 Ess. cinnamon, ʒj.  
 Chloroform, ʒij.  
 Syrup tolu., ʒij. Mix.

A tea-spoonful every two hours till the diarrhœa is checked. Or six or eight drops of laudanum with thirty drops of the spts. of camphor, in a little water, will perhaps answer.

Should the diarrhœa prove obstinate, and especially should there be an absence of bile in the evacuations, then the formula given below is to be used.

*Treatment in the Invasive Stage, or when the Premonitory Symptoms are present.*

*First.* Nausea, or vomiting; or diarrhœa, particularly of a thin rice-water material, or cramps, denote, when either, and especially when more than one is experienced, that the choleric, or commencement of the cholera, is upon the patient.

*Second.* If plethora exists, blood-letting has proved eminently serviceable.

*Third.* Take of the following pills every two hours till the diarrhœa is checked.

℞. Sugar of lead, ʒj.  
 Opium, gr. vi.  
 Cayenne pepper, ʒj.  
 Camphor, ʒss.  
 Calomel, ʒj. Mix.—Divide into six pills.

*Fourth.* If the patient has lately partaken of any article of diet, then give a table-spoonful of powdered mustard and the same quantity of common salt, in a tumbler of warm water.

*Fifth.* Apply a large warm mush poultice all over the abdomen, and spread over the poultice, before its application, a thick layer of strong powdered mustard.

*Sixth.* If the patient grows worse, then employ the following:

℞. G. Camphor, ʒj.  
 Cayenne pepper, ʒss.  
 Pow. mustard, ʒj.  
 Spts. turpentine, ʒvj. Mix.

To be rubbed over the entire surface of the body.

And the following:—℞. Ether sulphuric, ʒj.

Spts. camphor, ʒij.

Spts. ammonia, ʒss.

Brandy, ʒxij. Mix.

A table-spoonful, with an equal quantity of cold water every hour.

This last mixture is to be used after symptoms of collapse set

in, and, in conjunction with its exhibition, strong mercurial ointment mixed with camphor and cayenne pepper, are to be applied to the surface. Additional to these means, injections of ten grains of sugar of lead, dissolved in an ounce of starch or gum water, with a tea-spoonful of laudanum, should be administered every half hour.

*Quinine as a Prophylactic of Puerperal Fever.*—(Lancet.)

The idea that quinine is preservative against puerperal fever was started by M. Alphonse Leroy, of Rouen, in 1793. M. Leudet put it to the test in an epidemic which occurred in 1843, and lasted for three months, administering it before the accustomed period of the first appearance of the malady. For this purpose he employed the quinine in 15 grain (one gramme) doses, and in the few cases it was then tried in no fever followed. He repeated his experiments in two other epidemics, occurring in the years 1845 and 1846, when he found that those submitted to this medicine did not contract the fever. To give the statistics:—Of 83 women who entered the Hotel Dieu de Rouen, between September, 1843, and January, 1844, 74 took no medicine, and 21 of them were seized with puerperal fever, whilst the remaining nine were dosed with the quinine, and escaped contagion. Again: between July 8th and August 9th, 1845, 26 deliveries occurred: 11 women were submitted to no medication, and eight of them were attacked with the epidemic fever; of the 15 others treated with sulphate of quinine, one only caught the disease. Lastly, between the 9th of March and the 21st of April, 1846, 36 women were delivered: of the 19 who took no quinine, 11 were attacked: of the 16 submitted to its action, only one was seized with fever.

The following is the manner in which M. Leudet employs the quinine:—As soon as the newly delivered woman has a little recovered the shock of the child-birth—viz., in about four hours after delivery, 15 grains of the medicine are given in the course of the 24 hours, in three portions. The same quantity is prescribed the next day, but on the third day it is diminished to ten grains, and the same dose is persevered in until the usual period of the accession of the fever has passed by, up to about the sixth day. The occurrence of milk fever is not always an indication to stay the quinine, for in very many cases that febrile disturbance is very slight.

The plan of using quinine as a prophylactic has been subsequently adopted in Paris, by M. Cazeaux, who could, from his experience, however, make no report of its efficacy. Nevertheless, any remedy holding out such a promise, in so fearful a

disease, should not be thrown aside until after a careful and repeated trial. On the other hand, hygienic measures must be looked upon as by far the best safeguards, both against the development and the propagation of puerperal fever.

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*On the utility of Alkalies in the Treatment of Rheumatism.* By J. I. FURNIVALL, M. D., Holloway.—(Ibid.)

Some remarks on the treatment of rheumatism by alkalies have been recently published in *The Lancet*. I have now for nearly twenty years, been in the habit of treating rheumatism by means of alkalies, (the liquor potassæ, the carbonate, bicarbonate of potass or sodæ;) and as cases have multiplied in my practice during that long period, I have become more and more satisfied of their efficacy in preventing the supervention of heart disease; while as to their value in curing rheumatism, I beg to refer to reports published about a year ago, by Dr. Wright of Birmingham.

I have seldom used them alone in severe and threatening cases, though Dr. Wright has done so with great success; but considering that the inflammation and pyrexia were the effects or concomitants of the peculiar state of the blood in rheumatic fever, to remove which state alkalies are recommended, I have combined with the alkalies various other remedies—colchicum, to remove pain and lower excitement, mercury sometimes, &c.

The results of my clinical observations have been these,—

First. That no case of supervening heart disease has ever occurred in my practice since I have administered alkalies in rheumatic cases; nor will they, in my opinion, if the concomitant inflammation and fever have at the same time been properly attended to.

Secondly. That many cases of rheumatic fever are on record which have been energetically treated by medical men of eminence, but without the use of alkalies, in which heart disease has ensued, and proved fatal.

Thirdly. That mercury and colchicum, separate or combined, and either or both pushed to their utmost extent, will not secure the patient from heart disease, without the addition of alkalies.

Now, seeing that heart disease is a dreadful affliction, (in the poor man overpoweringly so,) seeing that its supervention is not merely confined to acute cases of rheumatic fever, and that it may arise in all cases of rheumatism, even in those seemingly slight forms of chronic pains; and seeing that alkalies may easily be combined with other remedies in the treatment of rheumatism. I would again press on my medical brethren the necessity of prescribing alkalies in all cases of rheumatism.



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*Acetate of Lead in Vomiting.* Communicated in a letter to Prof. LAWSON. By J. G. CHINN, M. D., of Lexington, Mo. (*Western Lancet.*)

*Dear Sir:*—Although the treatment of the case I will presently detail, may not be new to most of the readers of your valuable periodical, yet if you think it of sufficient importance, you are at liberty to make it public.

Some time in September last, I was called on to visit a lady of this place, pregnant with her second child, and was informed she had been more or less sick at the stomach, with occasional vomiting for above eight weeks, the supposed time of impregnation being about two weeks previous to sickness. As she had been in a similar situation with her first child, a great many remedies had been tried in vain, which had formerly given relief. Two days previous to my visit the vomiting had been incessant. I resorted to all the usual remedies, such as blood-letting, cupping, sinapisms and blisters to the stomach and inside of the thighs, and after removing the cuticle, applied tinct. opii, morphia, bruised mint, &c.; emetics, the various effervescing, alkaline and absorbent preparations, anodynes in liberal doses, creosote, bitters, irritating injections, &c.; notwithstanding which the vomiting continued for six days and nights, not more than two hours intermission at any time, and generally but thirty minutes—no food or drink was retained, and the patient was supported with nourishing enema. It at length occurred to me that the matter ejected, was a morbid secretion from the stomach, and as the acetate of lead was a valuable remedy in various hemorrhages, &c., it might be of service in this case. I accordingly took 12 grains of the acetate of lead and one grain of morphia, and divided in four portions, with directions to give one every two hours, and had the satisfaction to find my patient effectually relieved, and snatched as it were from the very jaws of death; and although an abortion took place about one month afterwards, yet there was but a slight nausea at any time after the second dose of the medicine.

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*A New Treatment of Catarrh.* By JOHN A. LOCKWOOD, M.D., Surgeon U. S. Navy.—(*Amer. Journ. of Med. Sci.*)

For nearly a year I have pursued a plan of treatment in catarrh, which, in numerous instances, unfailingly relieved its initial symptoms almost immediately. It is adapted to its earliest stages, when the mucous lining of the nasal cavities is dry, tumid and red, accompanied with a feeling of heat, fulness, and itching of the part.

The remedy consists in the application of a solution of nitrate

of silver to the Schneiderian membrane. It is best applied with a camel's hair pencil. The strength of the solution should not be less than eight grains of the salt to one ounce of the distilled water. I ordinarily apply a solution somewhat stronger—ten grains to the ounce.

The application is not painful, nor even disagreeable. Its immediate effect is to excite a copious serous effusion, which continues for some minutes. After this the nostrils are freed from the previous impediment to the passage of the breath through them, when the sensation of relief becomes at once manifest. With the subsidence of the local swelling, the general heaviness and *malaise* disappear. For some minutes, the inhalation of cold air communicates to the mucous lining of the nose a feeling of rawness. This, however, is of short duration, after which, unless the inflammation has extended beyond the Schneiderian membrane, the cure is complete.

To accomplish a radical cure, the solution should be applied at the very commencement of the attack. When the inflammation has extended to the pharynx, &c., it is no longer practicable to subject all the parts affected to a treatment which is mainly local. I have, however, applied the remedy in many cases where the disease had made several days' progress. Then, although no expectations were entertained of removing any symptoms of bronchial irritation which might have supervened, the relief to the head was always satisfactory, by the liberty it afforded to the passage of air through the nostrils.

M. Deschamps, in the *Gazette des Hôpitaux* for October 1847, recommends snuffing up the nostrils every two hours a solution of opium in water, as an effectual cure for coryza. This method I have not tried. Before reading an account of it, I had for several months employed the solution of nitrate of silver with such happy results, that I was indisposed to seek for any better plan. The insufflation of ardent spirits will often check an incipient catarrh, but the remedy is unpleasant and painful.

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### PART III.

#### Monthly Periscope.

*Ergot of Rye a Remedy for Excessive Dilatation of the Pupil from Belladonna.*—M. Comperat has announced a plan by which he has succeeded in removing dilatation of the pupil produced by belladonna in a patient of his, in whom the iris was scarcely visible, so complete had been the action of a small dose of belladonna applied externally. For some days the excessive dilatation resisted the employment of

various collyria. He prescribed powdered ergot of rye, taken like snuff. The dilatation disappeared in a few seconds—it soon returned; the same remedy was again employed, and it did not reappear. He thought that ergot might be thus used in cases in which dilated pupil arises from the other causes.—[*Lon. Med. Gaz.*]

*Means of Applying Heat to Cholera Patients.*—Dr. William Robertson states that at the Cholera Hospital in Surgeon Square, Edinburgh, he has found the following means more efficacious for restoring warmth to cholera patients than the methods usually adopted for that purpose. “A sheet wrung out of warm water is applied, as hot as the patient can bear it, over his whole body, including and closely embracing the limbs, and leaving no part of the person but the head uncovered. Over the sheet several blankets are tightly wrapped, or ‘packed,’ after the fashion of the hydropaths, but without the slightest respect for their pathology, or wish to imitate what they can with justice claim as their exclusive practice. Between the folds of the blankets, vessels full of warm water are disposed at intervals. The patient is then placed in a position which enables him to vomit over the side of the bed, and is supplied with toast and water, hot or cold, *ad libitum*. The remedy is an ancient one, often revived in modern times, and is to be regarded merely as a simple and powerful hot-bath. Whether it acts by restoring the healthy functions of the skin, by preventing evaporation, or by conveying fluids into a system from which they have been previously drained away, may possibly admit of question. It certainly seems to me, when applied in the case of children suffering from the collapse of cholera, to be a most valuable and rapid mode of restoring the natural temperature. I have seen reaction established in a bad case within two hours after the application of the sheet. It is, however, generally necessary to continue the use of the remedy for six or eight hours. This practice seems less applicable to adults; the extreme restlessness, jactitation, efforts to vomit and to procure drink, usually observed in such patients, render it quite impossible to continue the application of the sheet for more than a few minutes at a time, without more constant nursing than the utmost vigilance on the part of the medical attendants can, in any hospital, ensure. Strong patients commonly succeed, ere long, in disengaging their arms, and throwing the bed-cloths off the upper part of the trunk, thereby exposing an extensive moist surface to evaporation, and totally defeating the object which we seek by the use of the sheet to attain.”—[*Month. Journ.*]

*Antidote to Strychnia.*—Dr. Isaac Pidduck states (*Lancet*, Nov. 1848) that camphor is an effectual antidote to strychnia. The fourth of a grain of strychnia (instead of the sixteenth, which had been prescribed for neuralgic pains) as taken by a weakly man. His muscles were convulsed with tetanic spasms. Five grains of camphor were dissolved in almond emulsion, and almost immediately after taking this dose the spasms ceased.—[*American Journ. Med. Sci.*]



*Mode of rendering Sulphate of Quinine Tasteless.*—Dr. John Hardin, of Greensburg, Ky., informs us that he has been in the habit, for some time, past, of administering sulphate of quinine in an infusion of slippery elm, and finds it the most eligible method he has ever tried. It is easy to invest the powder completely in the thick mucilage, and thus deprive it of taste, which is an important point where the patient is a child.—*Western Journal of Med. and Surg.*

*St. Thomas's Hospital.—Mr. Grainger on Cholera.*—The announcement that Mr. Grainger would deliver a discourse on cholera, attracted a crowded assembly of medical and non-medical hearers to the great hall of this hospital on Wednesday, Jan. 3d. Mr. Grainger sketched a very animated parallel between fever and cholera, and endeavored to show that *both* these affections are epidemic, but *not* contagious, maintaining that if they were communicable from man to man, their progress could not possibly be arrested. He remarked that the poor at Hamburgh suffered five times more in parts surrounded by stagnant ditches than the same classes in healthy localities of the town; that in the same city, hardly one-tenth of the applications for relief, during the reign of the epidemic, came from those parts which had been rebuilt, after the destructive fire, on more improved sanitary principles; that in Coatbridge (Scotland), a place surrounded by filthy ditches, forty cases a day occurred in a population of 10,000; and so much as 140 per diem were reported in Glasgow, where filth and overcrowding are extreme. The disease is essentially an affection of the blood; all the well-known phenomena are only secondary to the original poisoning of the vital fluid, and the discharges are an effort of Nature to get rid of the noxious substance introduced into the system. The secretion of bile is *not* arrested, the gall-bladder is ever found full; but it seems that something arrests the reflex action which impels the biliary fluid into the ducts. The surest sign of the disease is the suppression of the renal secretion, and the kidney takes the morbid characteristics of Bright's disease. Mr. Grainger concluded his excellent address by pointing out how lamentably ignorant most classes of society are regarding sanitary questions; the Irish at Glasgow fancy the medical men want to poison and get rid of them; numbers of parochial boards contend that houses can do very well without certain conveniences; and so many as one hundred families live in a limited row of buildings at Glasgow, who, with a very wealthy man as a landlord, have but *one* water-closet for them all!—[*London Lancet.*]

*New mode of Dilating Strictures of the Urethra.*—M. Amussat, in a case of stricture which resisted all treatments, and beyond which ordinary instruments could not be passed, finally succeeded in introducing a very fine bougie of half a millimeter, (the millimeter is equal to 1.26 of an inch English,) and, using this as a conductor, on the following days introduced alongside of this successively several others, to the number of six. Between these the urine passed. They were left in for several days, being occasionally withdrawn and re-intro-

duced in a bunch, passing as easily as a single bougie of the same size would. The stricture was now readily dilated with ordinary instruments and the cure rapidly effected. The advantage of this method is, that when once we can introduce an instrument, however small, there is no liability to failure in introducing the bougie a second time if once withdrawn, or in attempting to pass a larger one. Whatever is gained is maintained, and the first introduced serves as a guide to other instruments of the same size. The dilatation can thus be readily accomplished, and the urine passing between the small bougie they can be retained several days without inconvenience.—[*Journ. de Méd. et de Chir.*, from *Prov. Med. Journ.*]

*A Remedy for Dyspepsia.*—For three years I suffered from dyspepsia in an aggravated form, baffling every kind of medical treatment; it was suggested to me by an intelligent physician, practising homœopathically, to take small doses of tincture of *nux vomica*. I had not to take it long, before its beneficial effect was apparent; and from that time (three years ago) to the present, I have never suffered from dyspepsia. Having been a sufferer from it, I can sympathize with a fellow sufferer, and feel it a duty to tell him of the remedy that has cured me and many others, to my own knowledge.—[*A London Surgeon.*]

*Application of the Subcutaneous section to the treatment of Lipoma.*—M. Bonnet treats fatty tumours upon the above plan with success. He first introduces a sharp-pointed tenotomy knife under the tumour, and then with a probe-pointed bistoury divides the tumour upwards towards the skin, so as to reduce it to several lobules; he then squeezes the tumour so as to extravasate the fatty matter, and leaves it to be removed by absorption. This operation is repeated several times, according to the size of the tumour. No injurious effects have followed in the cases which he reports, but the results have been so favorable that he is induced to prefer the operation to the methods in general use.—[*Pro. Med. and Surg. Journ.*, from *Bulletin de Therapeutique*.]

*Reduction of Incarcerated Hernia.* By M. AMUSSAT.—The method adopted by M. A., which has often succeeded in causing reduction of incarcerated hernia, when other measures had failed, is the following: A board being first placed under the pelvis, in order to give a solid fulcrum to the efforts of the surgeon, both hands are applied to the tumour, exercising a moderate degree of pressure upon it; this pressure is gradually increased, by the super-position of the hands of the assistants over those of the operator. Thus the efforts can be uninterruptedly continued for a considerable length of time without fatigue to the surgeon, and often with the most satisfactory results.—*London Med. Times* from *Revue Med.*

*Calomel as a local application in Chancre.*—This is a favorite treatment in the hospital, in all obstinate chancres and buboes which will

not heal after being opened. The powder is sprinkled freely over the surface, which is then dressed with lint wet with dilute solution of chloride of soda. I have repeatedly noted the most striking results from it, where the black wash had entirely failed.—[*Amer. Journal.*

*On Photuria, or Luminous Urine.*—Cases, however rare, have been cited, in which the urine, as it passed from the urethra, had a luminous appearance. The phenomenon has not been explained, therefore the following case, with the observations of M. Fallot, will be read with interest:—

A man, aged sixty, had for many years, at intervals, passed luminous urine; the luminous appearance was most distinct as the fluid dashed on the ground, but a few sparks were seen in the stream as it passed from the urethra. Examination discovered nothing particular in the fluid, which varied in its constituents according to circumstances.

M. Fallot thinks that these cases would be found to be more common if attention were directed to them, but that as the affection is not accompanied by any notable derangement of health, it passes unobserved. In the case referred to, the patient had never alluded to the circumstance until he was questioned concerning it, in consequence of its being accidentally witnessed by M. Fallot.—[*Prov. Med. and Surg. Jour.*, from *Rev. Med. Chirurg.*

*Application of Laudanum in Orchitis.*—It is well known that the pain which attends the acute stage of orchitis and blennorrhagic epididymitis is most intense. M. Voillemier employs the following treatment, which relieves those pains when most intense, in a few hours. He envelops the inflamed testicle in a compress dipped in pure laudanum, and covers it with oiled silk. In three or four hours the organ is narcotized; the pains cease and the inflammation always rapidly abates.—[*Gaz. des Hopiteaux. American Journ. Med. Sci.*

*On the Use of Stomachics in Dyspepsia.*—Your heavy feeder's safety lies in his dyspepsia: cure this and you kill your patient. The man who takes five times too much nourishment into his stomach, would die at once, if the digestive system would convert it into five times too much blood. He that habitually overfeeds, suffers from a dyspepsia, which prevents more blood than is necessary being elaborated, and is much more frequently the cause of a deficient supply. A certain quack medicine once obtained an extensive reputation for the cure of gout. The Duke of Portland, whom it had benefitted, bought the recipe for two thousand guineas, and made it public. Hence, it was long known as the Portland powder. All who suffered from gout or dyspepsia, fortified their stomachs for the pleasures of the table with this medicine, and agreed that they never felt better or enjoyed themselves more. Somebody, however, at length discovered that no one lived long, after being cured by the Portland powder. All died in the course of two or three years, of apoplexy, or an attack of acute inflam-



mation. The tonic action of the bitter ingredients of this medicine had enabled the digestive system to elaborate a larger supply of blood than was necessary, and the brittle vessels of the brain were burst by the distension to which they were subjected, whilst a predisposition to acute inflammation arose from a redundancy of organizable material.

[*Prov. Med. and Surg. Journ.*]

*Local Anæsthesia.*—M. Jules Roux recommends the application of liquid chloroform to the surface of a wound left after an operation, while the patient is still in a state of general anæsthesia, with the view of benumbing the cut extremities of the nerves. The local insensibility is maintained, according to M. Roux, for forty-eight hours (?) and the patient is thus exempted from pain, both during and after the operation.

A case of hydrocele is described, in which M. Roux injected four drachms of chloroform into the sac. Two drachms were allowed to remain. The case ran the ordinary course, a cure being obtained in fourteen days.—*Gaz. des Hop.*

[A few days ago we applied liquid chloroform to an ulcer on the leg of a female, which required cauterization with the nitrate of silver. She appeared to suffer little pain from the chloroform, and certainly very much less than usual from the caustic. She refused to inhale the drug.]—*Monthly Retros.*

*Chloroform in the Treatment of Ophthalmia.*—M. Uytterhoeven has employed chloroform successfully in various forms of ophthalmia. In a patient at the Hôpital St. John, Brussels, he soothed by this means neuralgic pains resulting from injury of the eye. He has also found chloroform very useful in photophobia of scrofulous ophthalmia. M. U. prescribes it as a collyrium, in the dose of eight drops in an ounce of distilled water.

MM. Rusch and Cunier have administered it in the dose of 8 to 16 drops in a mucilaginous portion of 60 grammes; to be taken in teaspoonful doses in the 24 hours. The benefit obtained from it in eight cases of chronic scrofulous ophthalmia, and in one of neuralgia of the eye, was very remarkable.—[*Journal des Connais. Medico-Chirurg. Amer. Journ. of Med. Sciences.*]

*Minute Injections.*—Dr. Hershfield, who has become celebrated in Paris for the perfection of his minute injections, adopts the following method:—The subject being placed first in a bath for some hours, the following mixture is injected:—For the *arteries*: oil, one litre; vermillion, one and a half lbs. For the *veins*: linseed oil, two litres; white lead, 1 lb.; indigo, q. s. The addition of two tablespoonfuls of soft Venetian turpentine, renders the mixture as penetrating as possible.—[*New-York Journal of Medicine.*]

## MEDICAL INTELLIGENCE.

*The State Medical Convention.*—After the notice issued by the Faculty of the Medical College of Georgia, and published in our last No., for the Physicians of the State to assemble in Augusta on the 20th of February, to organize a Medical Association, the Georgia Medical Society (of Savannah) made a suggestion for the meeting to be held in Macon on the 20th of March. This was soon followed by an article in one of the newspapers of Savannah, stating the change of place and time of the proposed Convention of the Physicians of the State.

The Faculty, desirous of unanimity on the subject, accordingly issued a circular and addressed it to all the Georgia subscribers of the Journal, stating their cheerful acquiescence in the suggestions of the Medical Society of Savannah. The meeting, therefore, of the Physicians of the State, is called for *the 20th of this month, (March,) in the city of Macon.*

The Georgia Rail-road, the State Rail-road, and the Macon and Western Rail-road companies, have each reduced *the fare one half* to all attending the contemplated Convention of Physicians at Macon. From the Central Rail-road Company we have received no reply from the Physicians of Savannah who were requested to make application—but doubt not the same arrangement has been or will be made. It is understood that the signature of the President of the Association will secure a free return passage.

As our name has been associated with the effort to get up this Convention of the profession of the State, and as we shall in all probability be prevented attending the meeting, we throw out the following hasty suggestions to those who may be present on the interesting and important occasion:

The notice is addressed to the *Physicians* of the State of Georgia. In the organization of the meeting, each county should be called alphabetically and the representatives thus registered. We presume all regular practitioners in good standing, having a diploma or not, are included in the call. But every one, even if he has a diploma, and we care not from what College, who is at present engaged in the practice of any exclusive or special system of medicine, ought to be excluded. Of this, however, the meeting will be fully competent to determine.

There should be a registration of all the regular Physicians of Georgia.

Action should be taken at this meeting on the proceedings of the National Medical Association.

Our indigenous medical Botany ought to be investigated.

The general and rapidly increasing *prescriptions* by Apothecaries and Druggists ought, if possible, to be checked or prohibited.\*

A legislative enactment prohibiting the sale or use of any nostrum, which has not the composition fully and accurately described accompanying it, deserves the consideration of the Physicians of the State.

The subjects of Medical education, the lengthening the course of instruction in our Medical Colleges, the support of a Medical Journal, &c., &c., will of course claim a considerable time of this body of the profession.

The call of the Convention in Macon during the progress of the course of Lectures, will of course prevent the Faculty of our College attending as a body, or all of us, as individuals; still a delegation will be sent to the meeting.

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\* We were called this very day to a lady poisoned by an over-dose of morphine, prescribed in a cough mixture by a druggist.

Dr. J. A. Eve's *Introductory Lecture on Medical Education*.—We have refrained, from obvious reasons, from expressing our own opinion respecting this Introductory. We may, however, with every propriety, give place to those of others; especially, that our own physicians, about to meet in Convention, may know what is thought abroad of the actions respecting this all-important subject—Medical Education—taken long ago, and now confirmed by lengthening the present course, in the Medical College of Georgia.

*From the Annalist, of New York.*

INTRODUCTORY LECTURES, MEDICAL EDUCATION, &c.—Since our last issue we have received a very interesting Introductory Lecture on the subject of Medical Education from Prof. Eve of Georgia, and another on "The Importance of Professional Studies," by Prof. Grant of Memphis. The latter is a well written and sound appeal, to the class before whom it was read, in favor of devoting their whole time and talents, unremittingly to their profession. And the fact, that excellence can only be attained by the most assiduous labor, is set forth and illustrated in a manner that could not fail to inspire a higher ambition, and a nobler purpose in the minds of his hearers. The lecture of Prof. Eve, is devoted to the much discussed and ever interesting topic of Medical Education and Reform. He warmly espouses the cause of improvement, and congratulates his class on their good fortune in enjoying a prolonged lecture term; and in consequence, of greater facilities for the acquisition of medical knowledge. The Trustees and Faculty of the Georgia Medical College have ever been among the foremost advocates of a more elevated standard of medical attainments.—They adopted a six months course at the outset of their career; and for several years strenuously endeavored to induce other schools to adopt the same, but failing in this, they were reluctantly compelled to fall back on the short terms so universally adopted by others. On the subject of the length of lecture terms, however, Prof. E. has the following very just remark: "The five months course is merely an approximation to the proper term. *Lectures should be continued through the greater part of the year; at least as long in medical, as in literary colleges.* The elementary branches should occupy the first, and the practical branches the latter half of the collegiate course—this would allow the student to attend on hospital practice to some profit." This is taking the right position; and if the professor had added to this continuance of the college term, a further subdivision of labor, by attaching to each school 12 or 14 professors, instead of six or seven; and so arranging their courses that the pupil need take, in any one season, only so many tickets as he was prepared fully to profit by, and the remainder the next season, and so on, he would have come up to what we think a Medical College should be. By such a subdivision of labor in the art of teaching, connected with the proposed extension of term, every part of the extensive field of Medical Science could be fairly and thoroughly presented, in such order that first class students would not be under the necessity of listening to lectures on Surgery before studying Anatomy, or on Theory and Practice before Materia Medica, as is now frequently the case in our best schools. Again, by narrowing the field of each Professor's labor more perfection and exactness would be attained by all, and a far greater amount of professional talent concentrated in each school.

But no such reform can or will take place, so long as the degree of M. D. conferred by the colleges, is universally recognised as a full admission into the profession. And for proof of this, we want no better evidence than is furnished in this same lecture of Professor Eve. Why was it that the Georgia College could not sustain itself with a six months term while all other schools practised but four?

It certainly was not because six months did not furnish greater facilities for the same amount of money, than four months; but it was plainly because students could graduate in a shorter time elsewhere. And the graduation constitutes with very many, at least, the ruling motive. If we should establish two literary colleges, in the same place, possessing equal merits in all respects, except one gave a term of six months for one hundred dollars, and the other only four for the same sum, does any one doubt which would command the



largest class? Certainly not, because the object of the literary student is to obtain knowledge. But abundant experience has demonstrated, that the M. D. so far interferes with this, the only legitimate object of the student in choosing a college, that it often holds a predominating influence; and hence the question, where can I gain the greatest amount of sound medical knowledge, is lost in the more influential query, where can I graduate the most *certainly* and in the *shortest* time?

Again we have the authority of this lecture, corroborated by Prof. Yandell, of Louisville, and Prof. Moultrie, of Charleston, stating that a medical college, recently established in Philadelphia, has taken up, and in a few weeks, conferred degrees on students, only just previously rejected by other schools. And we know of a notorious homœopath, who holds and flourishes a diploma, from one of our old established medical colleges, and yet he has never attended one whole course of lectures in any college during his life. Nor is this all; for we have more than once known students apply to certain medical colleges for admission as candidates for graduation, before they had studied the required length of time, or were of the required age, or with a previous understanding that they should have their degree at the end of the term, without reference to the quality of their examination; and on being refused, a very few weeks have shown their names on the matriculating books as candidates for graduation in other schools. Now we repeat what we have before asserted, (and been roundly abused for doing it too,) that a connection which is constantly leading to such corruption and abuse, and which effectually prevents any medical college in the country, from resting its patronage entirely upon its merits as a school of medical learning, is radically *wrong in principle*, and *ought* to be abolished. And until human nature is thoroughly regenerated, the union of the teaching and graduating power in the same hands, will constantly retard, if not effectually thwart the wisest measures for improvement that can be devised. But more anon.

*From the Western Journal of Medicine and Surgery, of Louisville, Ky.*

The lecture of Dr. Eve treats of a variety of subjects, the most prominent of which is Medical education. He reviews, somewhat in detail, the various recommendations of the Medical convention in regard to preliminary education, the extension of the lecture term, &c., and expresses a hearty concurrence in all the suggestions which look to the elevation of the profession. The tone of the lecture is frank, earnest, and manly. Its author does not hesitate to speak of abuses wherever he finds them; but while inveighing against them with a generous indignation, he never loses sight of the charities of the christian, nor of the language that befits the refined physician.

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But bad as this is, it is not the worst aspect of the case. A sorer evil is adverted to by Prof. Eve, in his introductory lecture, as having grown out of the scramble for students. He says—

"In Philadelphia there are five medical colleges, which causes a competition and contention for pupils derogatory to the profession. In vain do other colleges reject unqualified candidates, when they have only to go to Philadelphia, to be certain of a diploma in a few months, however limited their qualifications. These facts are too notorious to require scruple or delicacy in adverting to them.

"While in Philadelphia, we were informed, that a student who had been rejected by the University obtained a diploma, a fortnight after in that city. In no other city does the same corruption, do the same enormous abuses exist. It is certainly more incumbent on the physicians of Philadelphia than all others to be active and energetic in the work of reformation."

A similar statement was made to us, by gentlemen in Baltimore and Philadelphia last spring, and the character of the authors leaves no room to doubt its truth. Here then, at the emporium of medical science in America, in the city of Rush, Wistar, and Physick, is an institution, chartered by the commonwealth, in which the rejected candidates of other medical schools, after a few weeks' study, are invested with all the honors of the doctorate. The fact ought to be proclaimed abroad, that physicians when they send their sons and pupils to Philadelphia may know what cautions to give them. By a letter just received

from a physician of Mississippi who is passing the winter in Philadelphia, we are glad to see that students are fully apprised of the standing of this institution. "They look upon it," he says, "with perfect contempt. Two of the professors left it after delivering their introductory, and ——— lectures on three different branches himself. He cannot get respectable physicians of the city to join him." Dr. Burden, and Dr. Thomas D. Mitchell, resigned their chairs in this school at the close of the last summer session.

From the same gentleman, we learn that the Franklin Medical College has closed doors, and that the building has been sold to the Catholics for a hospital.

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Professor Joseph A. Eve states in his Introductory Lecture, that the Medical College of Georgia, at its organization, adopted six months as the length of their lecture term, but that after persevering five years "with little encouragement and patronage," the professors finally came down to the short sessions of other schools. "After the adoption of the four month's term," he remarks, "the classes increased rapidly."

We take great pleasure in quoting this piece of medical history, not only as an act of justice to a highly respectable institution, but as illustrative of that progress in the profession signs of which are visible all around us. A number of schools have adopted a lengthened term, and they experience no diminution in the size of their classes. A few years have wrought a signal change in professional opinion, and the schools are conforming to that enlightened judgment. In all the schools the sessions, in a few years, will be extended; and dissections and clinical instruction will be insisted upon, as pre-requisites to graduation. It gratifies us to learn that the Medical College of Georgia is prosperous. With a gifted faculty, alive to the true glory of their profession, ready to second every movement tending to its advancement, high-toned and manly, it deserves to prosper.

*From the Western Lancet, of Cincinnati, O.*

PROFESSOR EVE adverts to the present state of the profession, and while he laments the defectiveness of medical education in our country, expressly declares that he has no sympathy with those who deplore the degeneracy of our colleges, and sigh for the palmy days of old. On the contrary, he believes that the profession is far in advance of its former condition, and our colleges far superior to those of an earlier period.

These sentiments fully accord with our own, so oft repeated; and we are gratified to find one so candid and manly as Dr. Eve to stand forth, and maintain a position so just and liberal. The profession of medicine, we admit, needs further improvement, and it is improving quite as rapidly as any of the natural sciences. And no impartial observer can for a moment believe that it has not improved upon its former condition. What, then, do we need? *Reform?* No! for that implies that we are now *radically* wrong, and that some other *system* or teaching is demanded. We need, then perseverance, the correction of some abuses, but no radical changes.

Dr. Eve is a strong advocate for the extension of the lecture term in colleges. We agree with him in that opinion. And we may ask, why is it not universally adopted? Because there is no concert of action; the recommendation of the National Association has been disregarded by some schools, from interested motives; and others, surrounded by such, feel it difficult to act alone. We hope to see the time when this evil may be corrected.

The author also adverts to the evils arising from legislative enactments legalizing empiricism, and multiplying colleges to an injurious extent. And he expresses the opinion that Pennsylvania and New England have especially suffered by the multiplicity of schools. "In Philadelphia," he continues, "there are five medical colleges, which causes a competition and contention for pupils, derogatory to the profession. In vain do other colleges reject unqualified candidates, when they have only to hasten to Philadelphia, certain of a diploma in a few months, however limited their qualifications." And it is further stated, that while in Philadelphia the author, was informed that a student who had been rejected in the University, obtained a diploma in a fortnight after, in that city.



We of Cincinnati have good cause to feel the justness of the above remarks. The legislature of Ohio, has seen proper to *charter* two empirical or botanical schools, thereby placing them, so far as legal rights are concerned, on an equality with the regular colleges of the country. These schools take good care to thrust themselves forward, and take every advantage of popular prejudice and ignorance to sustain their deceptive systems. But they *are* schools of medicine; they confer degrees; they claim even *superiority* in science, and attempt to break down all distinctions between regular and empirical schools. And the legislature—the guardians of the people (God save the mark!) have done all in their power to elevate and give currency to ignorance and deception, and thereby to impair the usefulness of true science.

The *multiplicity* of schools, to which Dr. Eve alludes, is felt not only in Pennsylvania and New England, but likewise throughout the West. This increase of schools causes, as correctly observed, “a competition and contention for pupils derogatory to the profession.” *Cheapening* with all of its attendant evils, together with credits, personal favors, limited qualifications required, and many additional evils, will as certainly spring from this system as miasm from bogs and marshes.

Finally, Dr. Eve has written a well-timed, sensible and interesting lecture, which is alike creditable to himself and the school to which he is attached.

METEOROLOGICAL OBSERVATIONS, for January, 1849, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 152 feet.

JAN.	Sun Rise.		2, P. M.		WIND.	REMARKS.
	THER.	BAR.	THER.	BAR.		
1	38	29 95-100	67	29 92-100	N. E.	Fair—cloudy afternoon.
2	41	" 80-10	68	" 84-100	N. E.	Fair.
3	44	" 86-100	43	" 80-100	E.	Cloudy—drizzle a little.
4	38	" 72-100	52	" 67-100	N. W.	Very cloudy morning.
5	32	" 90-100	48	" 93-100	W.	Fair—blow—cloudy afternoon.
6	28	" 97-100	51	30	W.	Fair.
7	30	30	37	29 97-100	E. & S.	Cloudy—sleet in afternoon.
8	36	29 92-100	39	" 84-100	N. E.	Rain, 55-100.
9	41	" 52-100	41	" 62-100	N. W.	Drizzly—breeze.
10	30	" 98-100	43	30 4-100	N. W.	Fair—breeze.
11	25	30 23-100	44	" 25-100	N.	Fair—breeze.
12	23	" 37-100	48	" 37-100	E.	Fair.
13	37	" 30-100	53	" 20-100	S.	Cloudy—drizzle.
14	52	" 5-100	70	" 4-100	S.	Cloudy.
15	62	" 3-100	70	29 95-100	S.	Cloudy—blow.
16	57	" 22-100	62	30 3-100	S. E.	Cloudy—drizzle.
17	56	29 95-100	74	29 90-100	S. W.	Cloudy—blow.
18	54	30 4-100	51	30 10-100	N. E.	Cloudy—drizzle.
19	36	" 40-100	47	" 42-100	N. E.	Cloudy.
20	33	" 37-100	36	" 30-100	N.	Cloudy—drizzle.
21	43	" 15-10	71	" 7-100	W.	Cloudy—blow—sprinkle.
22	46	" 9-100	62	" 12-100	N. W.	Fair.
23	33	" 12-100	66	" 13-100	S.	Fair.
24	34	" 12-10	68	" 12-100	S.	Fair.
25	42	" 10-10	69	" 7-100	S.	Cloudy afternoon—blow.
26	56	29 87-100	58	29 83-100	S.	Rain, 35-100.
27	46	" 92-100	62	30	N. E.	Fair.
28	39	30 14-100	60	" 14-100	N. W.	Fair afternoon.
29	44	" 11-100	72	" 4-100	W.	Fair with flying clouds.
30	50	30	77	29 93-100	S. W.	Fair.
31	57	29 91-100	78	" 93-100	S. W.	Cloudy afternoon.

10 Fair days. Quantity of Rain 90-100 of an inch. Wind East of N. and S. 9 days. West of do. do. 12 days.



# SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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## PART FIRST.

### Original Communications.

#### ARTICLE XI.

*Malformation of the Genito-Urinary Apparatus.* By L. A. DUGAS, M. D., Professor of Physiology and Pathological Anatomy in the Medical College of Georgia.

Having just had an opportunity to examine the malformation existing in the person of Joseph Hayden, a native of Rhode Island, about 21 years of age, we think that it may not be without interest to present to the profession a description of its peculiarities. The seat of the malformation is principally in the genito-urinary apparatus, but this gives rise to modifications in the parts contiguous. The first feature that strikes the eye is a red, angry looking surface, of nearly circular form and about three inches in diameter, just above the usual place of the symphysis pubis. This surface protrudes considerably beyond the general level of the abdomen when the individual stands up, but when he assumes the horizontal position the protrusion gradually diminishes and finally subsides entirely. Indeed, after having been in bed all night, and before arising, the surface rather presents a depression. The protrusion is therefore occasioned by the pressure of the abdominal viscera and constitutes a species of hernia. Upon examining the red surface it is found to be a mucous membrane which secretes healthy mucus, and which terminates abruptly at its circumference, where it is united with the skin of the abdomen. At the lower portion of this mucous membrane may be seen, about

an inch apart, the orifices of two tubes which make their way obliquely through it, and from which urine is continually dripping. These are the orifices of the ureters, and the red surface is the mucous membrane of the posterior portion of the urinary bladder.

But this red surface is elongated inferiorly so as to reach the region of the symphysis pubis, at which place we find continuous with it an imperfect glans-penis, about midway between which and the orifices of the ureters are found two other orifices from which the seminal fluid issues whenever the venereal orgasm is excited. These latter orifices are, therefore, those which ordinarily convey the semen from the seminal vesicles into the urethra. There is no urethra here however; the posterior portion of the bladder and of its prostatic region being all that is left, and their mucous membrane constituting a part of the external surface of the body, the secretions from the ureters as well as from the seminal and prostatic ducts are enabled to reach the surface without their usual conduit, the urethra: hence it is that the glans-penis is found attached to the remains of the neck of the bladder and that its superior aspect presents a groove or fissure covered with mucous membrane, in lieu of the urethra. The glans looks as though it had been cleft upon the median line from its corona down to the urethra. The prepuce would seem also to have shared the same fate, for it is bilobed as well as the glans, as far down as the level of the urethra—its frenum being perfect. The corpora cavernosa are of course entirely wanting, but the spongy texture of the glans still remaining, this is susceptible of erection under venereal excitement.

The testicles are in the scrotum, but this is much less capacious and pendulous than usual, the testicles being located just below the external inguinal ring. A slight inguinal hernia shows itself on the right side. The hair which should occupy the *mous veneris* is here found upon the sides of the mucous surface just described.

There is no umbilicus perceptible—and this case offers us a specimen of some of those erroneously referred to in support of the doctrine that the fœtus may be nourished without the direct communication with the mother afforded by an umbilical

cord. The disappearance of the umbilical cicatrix is, however, (in these cases at least) not conclusive evidence of the non-existence of the umbilical cord at a former period. In anomalies like the one before us the umbilical cord has existed, but its attachment was so near the upper margin of the exposed mucous membrane of the bladder, that the cicatrix resulting from its fall is continually subjected to the distension occasioned by the pressure of the abdominal contents and the consequent herniary protrusion of the mucous membrane. The umbilical cicatrix has been here effaced by long traction and seems blended with the imperfect cicatrix which results from the union of the mucous with the cutaneous surface. It must be remembered that the abdominal walls are here replaced by those of the posterior portion of the urinary bladder. The intestines are therefore at this place retained by a wall much thinner than that formed by the abdominal muscles; hence the herniary protrusion, which by its continual traction tends to increase still farther this attenuation, especially at the umbilicus where the wall does not appear to be thicker than common writing paper.\*

We have thus far described only the external peculiarities of this case; but the malformation extends to the bones of the pelvis. The pubic bones do not form a symphysis, but are separated from each other from 2 to 2½ inches. The whole pelvis is broader than usual in the male and much resembles that of a woman. The thighs are far apart, and the want of firmness or of fixedness in the pelvis renders walking awkward and tiresome.

The general aspect of Mr. H. may be thought by some rather effeminate; yet it is not more so than that of most men of fair complexion, light hair, and rather scanty beard. His voice is as masculine as that of most men—indeed there is nothing in

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\* The Museum of the Medical College of Georgia contains a remarkably fine specimen of this malformation, sent to the Faculty by the late Dr. Foster of Warren county. Being a full grown male fœtus, in which the umbilical cord has not dropped off, as the child did not live after birth, it may be seen that the cord is inserted just at the upper margin of the mucous surface, where we would naturally look for it, and where it is almost uniformly found in ectroversions of the bladder. Besides these, we had an opportunity to see two others living, in Paris—one an adult male, and the other a female about 25 years of age. In these four instances the umbilicus was similarly located.



his general appearance that would indicate any malformation, save his gait, the freedom of which is impaired both by the defect of the pelvis and the effort made to prevent the painful friction of the exposed mucous membrane against the clothing.

The anomaly we have just noticed was first satisfactorily described by Chaussier, who termed it alternately Ectroversion and Ectrophy of the urinary bladder. It has also been called Inversion, Prolapsus and Hernia of the bladder. It is evident, however, that these terms convey but an imperfect idea of the true state of things. Indeed, the complexity of the malformation is such that no single appellative can comprehend all its features. It is therefore now most generally treated of under the head of Ectroversion of the bladder, as this is not only the most striking peculiarity, but also the probable *cause*, or antecedent at least, of all the others.

Two theories have been proposed for the purpose of explaining the manner in which these anomalies are produced. Whilst Chaussier and others believed that the bladder after having been formed protruded through the unclosed walls of the abdomen, and, adhering to the sides of the fissure, suffered a loss of its anterior portion by laceration, absorption or otherwise, M. Isidore Geoffroy Saint-Hilaire,\* invokes the aid of analogy and of the well established laws of evolution, and very satisfactorily demonstrates that we have here nothing more than an arrest of evolution. The very interesting and we may add beautiful researches of M. Serres upon Transcendental Anatomy throw a flood of light upon this subject. They teach us that in the process of evolution all the symmetrical portions of the body are originally distinct or separated from each other by a space or fissure upon the median line; that the symmetrical portions situated upon this line unite more or less early in different localities; and that all the abnormal fissures that we find persisting after the full evolution of the body are clearly attributable to an arrest in the process by which the union should have been completed. Such is the explanation of fissures of the lip, palate, abdominal walls, penis, clitoris, scrotum, pubes, &c., &c. If the process of union had not been arrested in these cases the fissures would certainly not remain.

\* Histoire des Anomalies, tome 1, p. 386.

Now in the case before us there has been an arrest of evolution in the parietes of the abdomen, the pubes, the bladder, the urethra, the penis, the inguinal canal and the testicles. The persistence of the abdominal fissure at the time of the formation of the bladder permitted the anterior margin of each half of this to adhere to the corresponding sides of the fissure, whilst it did not prevent the union of the two posterior margins of the bladder. We accordingly find the posterior portion of this sac presenting a normal condition and perforated by the ureters. It must be remarked, however, that the bladder, after having been thus far developed, has ceased to grow; it is much smaller than it should be in an adult, and the ureters open much nearer the prostate gland than they do in the fully evolved organ. There has been here an evident arrest of evolution, and this arrest has extended very naturally to those parts the existence of which is but a consequence of a fully formed or closed bladder, viz., the urethra and penis. The secretions from the kidneys, testicles and prostate being poured out upon the exposed surface, there could be no use whatever for an urethra nor for a penis. The corpus spongiosum, it is true, does exist, because it is formed earlier than the corpora cavernosa and almost simultaneously with the bladder, but we find that here, as in the bladder, an arrest of evolution occurred just after the posterior edges of the lateral halves had united, and that the anterior edges have never grown together. The cleft then is continuous from the anterior portion of the bladder down to the extremity of the glans penis.

Whether in the case of Mr. Hayden the spermatie vesicles exist, or not, could not be ascertained. They have been found wanting in some of the cases subjected to post-mortem inspection,\* and this is in accordance with the general principles of arrests of evolution, inasmuch as these vesicles do not exist at all in many animals, and are formed comparatively late in man.

The very extensive researches of Mr. I. Geoffroy Saint-Hilaire, have enabled him to verify the deductions of reason in relation to the order and frequency of anomalies in the various parts of the animal structure. He accordingly establishes the general rule that anomalies are most frequent in the organs

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\* Dict. des Sciences Médicales, tome 14, p. 346.

last formed, and that this is especially the case in relation to the several parts of a common apparatus. (Loc. cit., Tome 1, p. 440 et seq., and Tome 3, p. 390 et seq.)

In the osseous system, the bones last ossified are the most often affected with an arrest of evolution. The nerves suffer this arrest much less frequently than does the spinal marrow, and this less often than the brain, which is the last portion of the nervous system evolved. The heart, which is formed long after the aorta, is more frequently imperfect—and even in this organ the septum-auriculum, which is the last portion perfected, is also most commonly the seat of an arrest of evolution, by which the foramen ovale remains pervious.

We should add to the principles just announced another which may be regarded as complementary—viz., that whenever the first formed organ or portion of an apparatus suffers an arrest of evolution, those which would have been formed subsequently are usually found wanting. The impetus of formation, if we may use the expression, having been arrested in the formation or evolution of the first part of an apparatus, it is lost to all the remainder. (Loc. cit., T. 3, p. 391.)

It will be perceived that with the aid of these general laws all the anomalies existing in the case of Mr. H. are very easily accounted for. We have seen that the arrest of evolution in the bladder was but a consequence of the persistence of the abdominal fissure. In the formation and evolution of the urinary apparatus the kidneys are first formed, then the ureters, the bladder, and lastly the urethra. In Mr. H.'s case, the arrest occurred only after the formation of the kidneys, the ureters and the bladder to a certain extent. But the bladder having remained only partially evolved, the urethra has as a consequence remained in a similar state. Yet although the urinary and generative apparatuses are, strictly speaking, distinct in their functions, certain portions of each have an intimate anatomical relation. Hence it is that anatomical lesions of the one will not unfrequently occasion modifications of the other, especially in the male subject. In Mr. H.'s case the testicles have been fully evolved, but they have not assumed the position they would have occupied had all things progressed normally. They are not hanging loosely in a capacious and pendulous scrotum,



but are found just below the external inguinal ring, and in a contracted scrotum. Whether this is owing to an arrest in the evolution of the scrotum or in that of the spermatic cord, is not certain. It is probable, however, that the defective evolution of the latter has occasioned that of the former. In many cases the testicles remain permanently within the abdomen, and in all such the scrotum is found to have suffered a corresponding arrest of evolution. That the generative as well as the urinary apparatus has, in the case before us, suffered an arrest of evolution is evident. In the order of their evolution the testicles are first formed, then the seminal vesicles, the prostate gland, and lastly the corpora cavernosa. In the case of Mr. H. the testicles are fully formed, but not fully evolved. We say not fully *evolved*, because, if so, they ought to be in the place assigned them in the normal adult. This arrest of evolution, although slight with regard to the portion of the apparatus usually first formed, must be more manifest in those of subsequent formation. The spermatic ducts or vasa deferentia, may terminate abruptly upon the mucous surface, or they may first give rise to the formation of the vesiculæ seminales, which themselves may be more or less perfectly developed, and lead to a similar state of things in the prostate gland. It is probable that, inasmuch as the prostate is evidently partially developed in Mr. H., the seminal vesicles are likewise more or less so. The effects of the arrest being, however, more and more marked as we come to the last formed portions of the generative apparatus, we are prepared to find that it has entirely prevented even the formation\* of the corpora cavernosa.

This malformation, although exceedingly interesting to those who are fond of the study of nature's works, whether normal or otherwise, is to Mr. H. a very serious grievance. He is affected not only with impotency, but with an inability to retain his urine. This, by continually dripping and flowing over the glans penis, the scrotum and the thighs, keeps these surfaces more or less excoriated and painful. He has observed that whenever his digestive functions are impaired the acrimony of the urine

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\* The terms *formation* and *development* or *evolution* are not synonymous. An organ may be formed without being ever evolved. The heart, the brain, &c., are formed long before their full development or evolution.

is very much increased—sometimes to such a degree as to denude almost the entire surface upon which it passes. Moreover, he finds it very difficult to prevent his garments and bed from being more or less impregnated with urine, the odour of which is a source of great annoyance both to himself and to those who approach him. Besides the inconveniences consequent upon the incontinence of urine, the patient suffers from the friction of his clothes against the mucous membrane, and, whether standing or reclining, is compelled to protect this surface. This he does by a very badly contrived apparatus, consisting of a concave metallic pad, fixed to a belt and placed over the mucous surface, and to which is attached one end of a folded napkin which passes down over the perineum and is fastened by its other extremity to the posterior part of the belt. It is a matter of no little surprise, that one reared in the “land of inventions” has not been provided with something more appropriate to comfort as well as to cleanliness. By substituting for the napkin a bag of India rubber fabric, or even of oiled silk, containing a sponge, this would absorb the urine, which could from time to time be expressed and the sponge replaced. By renewing the sponge occasionally, or cleansing it well, all unpleasantness of odour would be effectually avoided.

But the patient suffers considerable inconvenience, and we might add *danger* from the forcible protrusion of the mucous membrane by the abdominal contents. The walls of the bladder are well known to be very thin when compared with those of the abdominal parietes—and are in this case, as has been already observed, almost as thin as writing paper at the umbilical cicatrix. Whenever he takes much exercise, or is affected with cough, the tension causes much irritation and pain in the bladder, which are increased by muscular efforts. Indeed he is constantly in danger of rupture, which might prove fatal. In view of this state of things the question naturally presents itself—is there no relief to be expected from mechanics nor from surgery? As this protrusion is really herniary, the application of a truss might be proposed. But it is evident that the pad could not be endured by the mucous surface to which it would have to be applied. The irritation would soon become intolerable, whatever might be the nature of the pad or of the

interposed medium. We know of no mechanism by which the protrusion may be prevented.

Surgery we think promises more—nay, entire relief, so far at least as relates to the protrusion. We have stated, that after being in bed during the night the position of the mucous surface is reversed; that in lieu of a protrusion we find a depression. In the case of the child referred to as being in our museum, and similarly affected, the body is suspended by the knees to the upper part of the bottle in which it is immersed in alcohol. In this position the weight of the abdominal contents is entirely removed from the bladder, and this, so far from protruding, recedes into the abdomen so as to present a pouch. In this case it would certainly be very easy to bring the lateral borders of the pouch together, to denude them just beyond the mucous membrane, and to maintain them in apposition with pins or sutures until adhesion would be effected. In short, by an operation similar to that for hare-lip, the skin upon each side of the mucous surface might be made to adhere. In this event the mucous surface would be folded upon itself, and would constitute a sac more or less complete. The effect of such an operation, if successful, would be to conceal the mucous surface from view, to strengthen this portion of the abdominal walls, and, if necessary to permit the application of a truss. The urine would continue to flow as fast as secreted, but if caught in a sponge, as suggested, it would be attended with comparatively little inconvenience.

In the case of Mr. H. the operation would not be so easy as it might have been in the child alluded to. Yet upon a careful examination of the parts we found that the integuments on each side of the abdominal fissure were much more yielding than might be supposed, and that by gradual traction they could be brought entirely over the mucous surface so as to be secured in apposition. The operation could certainly be neither very painful nor in anywise dangerous.

Having fully explained our views to Mr. H., and offered to make the attempt to relieve him, he consented, and promised to return to Augusta after a short visit to a neighboring city. Should his fears not deter him from doing so, we will lay the result before the profession.



## ARTICLE XII.

*Notes upon the Properties of Saliva and its use in Digestion; taken from the Lectures of M. Bernard, and contained in a letter from JURIAH HARRISS, M. D., of Georgia, now in Paris.*

It is not my object now to mention those properties of saliva which are so well known and generally recognized, but merely to give a short sketch of some recent experiments and their results, by M. Bernard. I shall find it necessary, however, in order to give clearly his views, to mention some of the established properties of this fluid. First, then, it is generally admitted that saliva is alkaline. The mucus of the mouth, as all other mucous secretions, is acid when exposed to air. This has led some to believe that the saliva is acid. It is true that the saliva when taken from the mouth is sometimes acid, but this is the result of a great quantity of mucus being mixed with it. If a person whose saliva seems to be acid will smoke, he will soon expectorate the mucous secretion, and then his saliva will be alkaline. Among the great variety of substances which we eat, saliva acts alone upon starch. It acts neither upon albumen, fibrin nor oils, nor indeed upon any other substance of which our food may be composed. If saliva be allowed to remain in contact with starch for a short time, the starch will be transformed into dextrine; if allowed to remain longer, it will be changed into sugar; and if still longer, it will be transformed into lactic acid, as it is generally believed. If saliva be taken from the mouth and placed into a glass vessel it will distinctly separate into three strata. The first will be the mucous secretion which floats upon the top, the next the clear saliva, and the last the epithelium from the mucous membrane of the mouth, which is deposited at the bottom of the vessel. M. Bernard has discovered and demonstrated in his lectures, that although the anatomical construction of the salivary glands is apparently the same, yet the fluids secreted from them are different and their office somewhat unlike. He has shown that the fluid secreted by the parotid is clear and limpid, whereas that secreted by the sub-maxillary is glutinous. The sub-lingual secretes the same kind of fluid as the parotid, and the orbital (formed in the dog) secretes the same as the sub-maxillary. These facts, so im-

portant to understand well the office of this fluid, he demonstrated by taking the fluid separately from each gland. Thus, to prove that the parotid secreted a clear limpid fluid, he cut (upon a dog) down to the duct of steno, ligated it, and then made an opening into it upon the portion of the duct nearest the gland. He formed a fistula. To show that the sub-maxillary and orbital glands secreted a different fluid, he performed the same operation upon their respective ducts. As acids are well known excitants of the glands, he placed in the mouth of the dog some acid; this caused the saliva to flow freely, when he caught it in separate vessels as it ran from each gland. Thus he had the saliva from each gland pure and unmixed. He proved first that the fluid from each gland was alkaline, and that when they were mixed they were yet alkaline. He next showed that the saliva from the parotid and sub-lingual was clear and limpid, whilst that from the sub-maxillary and orbital was glutinous. He showed also that if you triturated either of the glands in a little warm water you would have the same kind of fluid as that which the gland naturally secreted—that the parotid and sub-lingual would produce a clear fluid, and the sub-maxillary and orbital a glutinous.

The discovery that saliva would transform starch into sugar was made by M. Zench, a German, and since then the error has continued to prevail. M. Bernard has most conclusively shown that saliva does not possess this property; that it cannot of itself produce this effect; but that it derives it from the mucus. He demonstrated it thus:—He took the saliva, pure as it ran from each gland, by the means just mentioned, and mixed them in separate vessels with starch. In neither of these vessels was sugar to be found. He then mixed the saliva coming from each gland in a vessel in which he also placed starch, nor yet was there the least manifestation of the presence of sugar. This proves, beyond a doubt, that the property does not exist either in the saliva from any one gland, nor in them all combined. If, however, the saliva be taken from the mouth and placed in a vessel with amidon, the sugar will be readily produced—showing that it derives the property from this cavity. What then gives it the property to produce the change? It evidently derives it from the mucus which becomes intimately

mixed with it in the mouth. This is proven from the fact that the mucous secretion from any mucous membrane will produce the same change—even that from the rectum: and farther, a mucous membrane placed in a solution of starch, will produce, as a result of its action, sugar, and finally lactic acid. M. Bernard stated that any fluid from the economy will bring about the same result, even the serum of dropsy; but he added, one must not suppose from this fact that they would assist in digestion. He however stated that he once saw a case in which the saliva from the glands did apparently produce this effect before it had entered the mouth. This was a man who was wounded in the late revolution. The ball entered one cheek, passed through the mouth, and made its exit through the other cheek, opposite its place of entrance; it cut the duct of steno in its passage, and a fistula was of course the result. This is the only case among the four or five which he has seen that seemed to contradict his theory. He found, however, upon a minute examination of the case, that there existed a communication between the fistula and the cavity of the mouth, through which communication the mucus from the mouth became mixed with the saliva. This apparent difficulty was thus satisfactorily explained.

Ptyaline is one of the principal components of saliva. It is insoluble in alcohol. If alcohol be placed in a vessel which contains saliva, ptyaline will be deposited in the bottom. It is this which gives to saliva its viscosity. It is found in the substance of the glands, and may be obtained from them by macerating them in a little warm water.

The test of the presence of amidon is tincture of iodine, which turns a mixture of it blue. It was by this test that M. Bernard proved that there was no sugar produced, and that the starch was unchanged when placed in contact with saliva taken from the glands before it had entered the mouth. When dextrine is present, the same test gives a rose color, whereas with sugar no color is produced. When sugar of the second kind is placed in a warm solution of potash, a blue color is manifested. I mean the grape sugar, for it is the only kind found in the animal economy. Sugar of the first kind, or cane sugar, boiled with an acid, is transformed into sugar of the second kind, after



which no farther alteration takes place. Cane sugar is changed into grape sugar in the stomach, and is then digested. Grape sugar is constantly formed in the liver. If you kill an animal, and a short time after analyze the blood of the hepatic vessels, sugar will be found in it—it is formed in the liver, and regurgitates into these vessels after death. If you kill the animal and take the blood from these vessels immediately, no sugar will probably be found: this is owing to the fact that time is not allowed for the regurgitation. The test which M. Bernard uses to prove the presence or absence of sugar in saliva or other fluids is tartrate of copper and potash. If it be present, the solution is turned blue by this test. M. Bernard, after showing that saliva taken from the mouth (or rather the mucous) would turn starch into sugar, gave a dog a solution of it to drink, into the stomach of which he had placed a canula. The canula was placed in the stomach in the following manner:—An incision was made upon the left side, just below the ensiform cartilage, in the direction of the fibres of the rectus muscle of that side—the fibres of this muscle assisted in the retention of the instrument. After cutting through the walls of the abdomen, and coming upon the stomach, he drew a portion of this through the orifice, and passed a threaded needle through the walls of the stomach; he then cut a hole in the stomach near the string, placed his canula in this orifice and secured it with the string. The other end was passed through the external opening, which was closely sewed up around the canula. The canula was of course closed, so that no gastric juice could escape, except when desired. A silver canula was used, because the gastric fluid does not act upon it. About two hours after giving the dog this mixture of starch, he collected it in a vessel through the canula, and no sugar could be discovered by the test before mentioned, but the starch was unaltered. This seems a contradiction to his statement, that the saliva would turn starch into sugar. The contradiction is however only apparent, for it can be easily accounted for. Why then was not the sugar produced? The solution was taken into the mouth, and immediately swallowed, so that the saliva had not sufficient time to act upon the starch in the mouth, and it did not carry a sufficient quantity into the stomach to produce it there; and be-

sides, the gastric juice, being acid, does not allow the action to take place in the stomach. This is not a peculiar property of this juice, for any acid will prevent the action.

M. Bernard thinks that saliva performs little or no office in digestion—its action being mechanical, and little or not at all chemical. When an animal is masticating food, the greater or less flow of saliva in the mouth is not occasioned by its chemical composition, but by its mechanical properties. If you give an animal a hard or dry substance to eat the flow of this fluid will be very great; but if you give him a soft or moist article of food, the flow will be much less. To illustrate this point, M. Bernard performed his experiments upon a horse, as they were more satisfactorily done upon this animal than any other. He found that the horse swallowed naturally four boluses per minute, but when he cut the duct of the parotid gland, mastication and deglutition were retarded, and the animal swallowed with much more difficulty and less frequently. In this state the horse could swallow but one bolus per minute, if the substance was dry, and but two if it was moist. This proves that saliva does assist a great deal in mastication and deglutition, from its mere mechanical properties. His process of getting the saliva from the horse, was to cut the œsophagus, and to give the animal a bolus of bran, which, when he swallowed, made its exit through the opening in this conduit. The saliva is then obtained by compressing the bolus. The glands which secrete limpid saliva are for mastication, as they mingle rapidly with the food; but those which secrete glutinous fluid are to assist in deglutition. Saliva is much more active when there is salivation or any inflammation of the mucous membrane, because there is more mucous mingled with it. Saliva, in transforming starch into sugar, gives off a gas; hence, if the gastric juice is not sufficiently active to prevent the action in the stomach, digestion will be more or less retarded, and the stomach filled with gas. This is probably a frequent cause of dyspepsia. If you cut the pneumogastric nerve, the food can no longer enter the stomach, but will be arrested in the œsophagus, just where it passes through the diaphragm. This is caused by a constriction of the muscular fibres at this point. This experiment was made upon a rabbit. Both the pneumogastric nerves were cut, after

which the animal eat bread as though nothing had transpired. Wheat bread was given to it in order to distinguish it from the food which it might have had in its stomach previously. After the animal had eaten he attempted to vomit. These efforts were caused by the œsophagus being filled, and some of the food getting into the larynx and producing a little suffocation, which induced him to attempt to rid himself of the source of annoyance. This phenomenon of vomiting always occurs in this experiment. M. Bernard has made this experiment upon dogs and other animals, and always with the same result.

*Extract from another letter from Dr. JURIAH HARRISS.*

I will give you the outlines of a case I saw at La Charité, under the charge of M. Velpeau. It was one of Popliteal Aneurism, which he attempted to cure by Galvanism. He passed the fluid through it by means of metallic pins, which were stuck through the tumour. The next day this was not cured as some thought it would be, by coagulating the blood, but the whole leg was much swollen and the knee very tender to the touch. He applied poultices, to reduce the swelling, but without success. About five days after the use of galvanism he tied the femoral artery at the middle of the thigh, the second day after which gangrene took place, and extended to the knee—the third day he amputated the limb, and upon the fourth, gangrene commenced in the stump, and the man died the night of the fourth day. The gangrene is not attributed to the galvanic fluid, but to there not being a sufficient number of anastomosing branches to keep up the circulation in the leg, for the man was 55 years of age.

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ARTICLE XIII.

*On the Therapeutic Action of Quinine.* By ERWIN H. OAKMAN, M. D., of Columbia county, Ga.

In the February No. of this Journal, I observed an article on Quinine, (taken from the *Charleston Medical Journal and Review*), by Dr Holmes, of Newberry, So. Carolina, in which he states that his “experience has led him to look upon large doses of quinine, as a *sedative* to the vascular system; also possessing



a tendency to *augment and originate a determination to the brain;*" this, he says, "has led to its *exclusion in fevers accompanied with cerebral congestion.*" Now if quinine is an *arterial sedative*, it is the very remedy indicated in fevers accompanied with congestion of the brain; for, together with its "sedative action upon the circulation," it is the most powerful febrifuge we possess, having a peculiar and mysterious property of equalizing the circulation—a property, I believe, admitted by nearly every physician, who has had much experience with the article. If this *arterial sedative*, as Dr. H. calls it, in the same dose, acts as a sedative to the circulation, and at the same time "originates and augments a determination to the brain," it possesses a power possessed by no other medicine in the *materia medica*, and will at once destroy our theory as to the "*modus operandi*" of this class of medicines.

I think Dr. Holmes makes too sweeping an assertion, when he says that "quinine has been excluded in fevers accompanied with cerebral congestion." The great mass of physicians of the South and South-west use quinine in our autumnal fevers, whether accompanied with congestion of the brain or not—having learned from experience that it is one of the most potent remedies they possess for removing this serious complication. Dr. H. could not have read Dr. Lavender's able article on congestive fever, published a few months ago, in the *American Journal of Medical Sciences*, or he would not have made so bold an assertion. If quinine was excluded from every case of fever, accompanied with congestion of the brain, or nervous excitability, we would have very little use for this inestimable febrifuge, in our autumnal fevers.

Again, Dr. H. says, "the South and South-west have exultingly exclaimed 'Eureka,' and hold up to us morphine as the long sought desideratum" to prevent quinine from "originating and augmenting a determination to the brain." I think here Dr. H. is mistaken; the physicians South and South-west, I presume, combine morphine with quinine, to prevent its unpleasant effects upon the optic and auditory nerves, and not to prevent congestion of the brain; the merest Tyro in medicine would not think of giving morphine, to prevent congestion of the brain.

Dr. Holmes passes quite an encomium upon the power of

*Digitalis*, in preventing the unpleasant effects of quinine. I have never used *digitalis* in combination with quinine in fevers, but am inclined to look upon it as a doubtful remedy. Dr. Pereira, in speaking of its effects in fever, says—"it cannot be regarded, in the most remote way, as a curative means; on the other hand, it is sometimes hurtful. Thus, not unfrequently, it fails to reduce the circulation; nay, occasionally, it has the reverse effect, *accelerates* the *pulse*, while it *increases* the *cerebral disorder*, and perhaps *irritates* the *stomach*. Sulph. Ether (a *cerebral stimulant*) has greater power in preventing the unpleasant nervous disorder, produced by large doses of quinine, than any medicine with which I am acquainted. If Dr. H.'s theory was correct, its effects would be just the reverse. I first used sulph. ether in combination with quinine, having heard the venerable Dr. Chapman, of Philadelphia, speak of it, as the best remedy he knew of, to relieve the tightness about the chest, and roaring in the head, complained of by persons under the influence of quinine.

Dr. Holmes mentions quinine as the "sheet anchor of the physician's hopes, in congestive chills." Dr. H. here seems to have forgotten the view he took of the physiological effects of quinine in the beginning of his narration. In most of the cases of "congestive chill" (a very inappropriate name, for all chills are congestive) which I have witnessed, the brain was the organ most frequently congested.

I do not think that quinine should be classed either as an arterial sedative, or stimulant. The great diversity of opinion upon this subject, among physicians, is enough to convince any one, that it does not possess either power to any great extent. I look upon quinine as an antidote to malaria, and hence its virtue in all diseases having a malarious origin. Malaria, acting as it does, upon persons of various idiosyncrasies, does not always exhibit the same phenomena: in one, the pulse may be depressed below the natural standard—in another, accelerated; the latter is the most frequent effect. Now in either case, if quinine be administered, the pulse is brought to its natural frequency, the poison in the system being neutralized. This poison, I conceive, acts upon the nervous system, especially the cerebro-spinal, and quinine, its antidote, acts upon the same field.

## PART II.

## Reviews and Extracts.

## BIBLIOGRAPHICAL NOTICES.

1. *Notes on Medical Matters and Medical Men in London and Paris.* By DAVID W. YANDELL, M.D. Louisville, Ky. 1848.

From Professor L. P. Yandell, we have been presented with a copy of the above work, forming quite a neat volume, and containing the notes of his highly gifted son, made during his two years sojourn in Europe. We learn from the St. Louis Medical and Surgical Journal, that even at the early age of ten years, this youthful author gave evidence of great promise and worth; and his recent letters (several written before the age of manhood and expressly to relieve the editorial burdens of a father) now compose a volume of nearly 350 pages. May such a son long live to lighten the labors of his worthy sire, and prove an ornament, as he assuredly will, to the profession of his choice!

Our estimate of this book, we propose to exhibit, by transferring from it to our pages, such information as we think may interest our readers; and this we shall do, without any formal review of its contents.

We first present the preface of the author.

*Preface.*—It was not with any expectation of making a book, that I commenced my *Notes on Medical Matters and Medical Men in Europe*, which, for more than two years, have occupied so much space in the WESTERN JOURNAL OF MEDICINE AND SURGERY. The letters were written to one of the Editors, and, at first, without any object beyond his personal gratification. They were deemed by him worthy of publication, and forthwith I was enrolled "Foreign Correspondent" of the Journal. In the midst of engrossing studies, which left me but little leisure, I was induced to continue the correspondence, not more by the evidence afforded me that my contributions were well received, than by the assurance of the working Editor, that they lightened his onerous labors. The correspondence, commenced and continued in this spirit, has, at length, grown into a volume. As the successive numbers were passing through the press, a few extra sheets were obligingly set apart for the author by the publishers, and these make the volume now presented to the reader. With this explanation, no apology will be necessary for the style in which it appears.



*Medical Students in London.*—The students attending the hospitals and lectures in London have none of the affability so characteristic of young men in our country; neither are they so fine in appearance as those you are accustomed to see. They are earnest, assiduous students, but distant and indifferent; crowding around their teachers, eager to hear, careless whether standing in your way or not, and looking all the time most ludicrously frigid. Students of the same small class will often be found wholly unknown to each other. There are those I have seen who have followed Mr. Liston and other teachers through the hospitals for three or four years, and expect to take their degrees soon, without ever having exchanged salutations with them. I know a class consisting of five students dissecting for Mr. Liston, who meet every morning, and have dined together, on an average, twice a week for two months, who, nevertheless, profess no acquaintance. I inquired of one of them, a day or two ago, the name of a gentleman, pointing to one of his class-mates. "Well, I declare I don't know," was his reply. But they are students, in truth. You may walk into the library room of the University College and find twenty or thirty young men poring over their books, from which they are taking notes, not one of whom will raise his head to see who you are. You ask the librarian for the book you wish to consult; it is handed to you immediately, and you take your seat at one of the tables without your next neighbor's turning his eyes to see whether you are an acquaintance or a stranger.

*Dr. Quain on Strictures of the Urethra.*—In his clinical lecture, some days since, Dr. Quain insisted that there is no such thing as purely spasmodic stricture of the urethra. In cases of stricture, after using fomentations to the lower part of the abdomen, and perineum, a warm bath, tartar emetic, a saline purgative and opium, he recommends the introduction of a *soft* catheter, instead of the one commonly employed. He is in the habit of using an instrument of this description both in hospitals and his private practice, and he prefers a large catheter, which he has sometimes been successful in introducing after surgeons had failed to pass a small instrument. He can give no directions as to the manner of introducing the catheter, dexterity in this, as in nearly all the operations in surgery, depending upon practice. He advises students to carry a catheter in their pockets, and to take every opportunity to introduce it into the dead subject. Hold the instrument loosely, are his directions, and rather suffer it to pass by its own gravity than use any force to carry it forward. He spoke of two cases of retention of urine, one occurring in a young man in consequence of stricture; the other in the person of a man eighty years of age, produced by enlarged prostate, which after existing for some time, brought on paralysis of the bladder. In the young man the bladder could be felt above the pubis, round and well defined; in the man advanced in life this roundness was absent, and the outlines of the distended organ were not well defined. The urine in paralysis of the bladder is muddy, and, under the microscope, purulent. He in-

jects the bladder in such cases with warm water to wash it out, and gradually reduces the temperature of the water until it is cold, which acts favorably in restoring the contractility of that viscus.

*The Hunterian Museum.*—The Hunterian collection contained, in all, ten thousand five hundred and sixty-three specimens. Of these 963 pertained to osteology, 1345 to natural history, 1215 were fossils, 617 dry preparations, and 3745 preparations in spirits; constituting the *physiological* department. The *pathological* department contained of preparations in spirits 1084 specimens, dry preparations 625, monsters and congenital malformations 218, calculi and concretions 536, microscopic preparations of normal and abnormal structures 217. The members of the College have added 12,347 specimens to the museum; of which, in the physiological department, 2119 are osteological, 240 are dry preparations, 1998 are in spirits, 427 relate to natural history, and 1200 are fossils; and, in the pathological department, the preparations in spirits are 2142, the dry preparations 1365, the monsters and congenital malformations 187, calculi and concretions 884, and the microscopic specimens 1791.

The museum, through the liberality of its proprietors, is open four days in the week, instead of two, and under special circumstances visitors are often admitted on the other two. The library consisting of works on all branches of medicine as well as the collateral sciences, embracing a great number of most costly books relating to natural history, amounts to 20 000 volumes; it is kept complete by the regular addition of new works, and affords every facility for study, being open from 10 o'clock until 4 daily. The books have cost the College about £10,000, and the annual expense of the library is about £600. The average weekly number of visitors is one hundred and twenty. The Council, some years ago, instituted studentships, three in number, with salaries of £100 per annum, which are held for three years. The appointments are bestowed as the rewards of merit, the test being a strict examination.

*Test for water in alcohol.*—In no country are physicians more interested in knowing whether the alcohol they use is free from water than in the United States. There are various methods known to almost every one for ascertaining this, but there seems to me none so simple, and few, I am inclined to think, which succeed so well as that of M. Casoria, published in the *Journal of Medical Chemistry*. It is based upon the property possessed by the common hydrated sulphate of copper of losing its color when it becomes dry, and regaining it when again brought in contact with water. Thus, if we place a piece of anhydrous sulphate of copper in a vessel containing the alcohol which it is wished to test, in a short time it becomes blue if the alcohol be mixed with water, whereas if it is absolute the salt will remain white.

*The action of Strychnine on the Bladder.*—M. Trousseau, in his

*Traité de Thérapeutique*, speaking of strychnine, says: "We have not seen any secretion rendered more active by the nux vomica if it be not the urine, and here not only is the secretion more abundant, but the excretion is both more frequent and more energetic, to such a degree that some patients are obliged to urinate every hour." Trousseau is one of the few writers on medicine who have indicated this predilection, so to speak, of strychnine for the urinary apparatus. Several cases have occurred recently in the wards of M. Vigla, at the Hôtel Dieu, which, while they tend to confirm this opinion, suggest some reflections of the highest practical importance.

The subject of the first case was a man aged forty years, who had been taken five months before, without any known cause, with lassitude and feebleness in the legs, which phenomena gradually became more intense, and ended by constituting a true paralysis of the inferior extremities. He was admitted into the ward, where he was treated at first by revulsions upon the digestive tube, then by strychnine. M. Vigla is accustomed to commence with strychnine in the dose of one-fifth of a grain per diem, given in a gum julep of four ounces. He prefers this mode of administering it both to the endermic method and the form of pills. He has remarked that the effects of the medicine are more rapid and complete when it has been dissolved before reaching the stomach, since this organ thus effects the absorption much more promptly than when both its solution and absorption are required at the same time.

The first effect produced in this case was a more abundant secretion of urine, then frequent desire to micturate, during which act there was slight scalding; subsequently there were twitchings and pinchings in the legs, and a very marked return of mobility, so that the patient was able to walk without much difficulty. The augmented activity of the bladder, the more remarkable as there existed at the time the patient entered the hospital a commencing paralysis of this organ, continued only for a few days, and has diminished in the ratio with which the strychnic phenomena have manifested themselves in the muscles of the extremities.

The second case relates to a man who has been sick for six months. The affection commenced by constipation, difficulty in defecation, sluggishness of the bladder, pains in the back and legs, the latter growing so weak that on his entry, about four months ago, he was totally unable to walk. The treatment that he had undergone before coming to the hospital consisted in venesection, hip baths, ptisané of cherry stones, wine of cinchona and gentian. When examined for the first time, he had almost complete retention of urine resulting from distension of the muscular fibres of the bladder, which were deprived of their elasticity. Belladonna was first prescribed, then strychnine in the same dose and manner as in the case just related. Here, equally as in the preceding example, the first symptoms produced were manifested in the bladder—frequent disposition to urinate, accompanied by scalding during micturition; convulsive twitchings in the muscles of the legs and thighs. At this period (April) the



strength has increased, and the patient has commenced walking with considerable facility, although he still throws one of his legs slightly to one side.

The last case is that of a man, who in September last, was attacked with a myelitis, which became chronic. He entered the hospital on the 20th of February, at which time it was wholly impossible for him to move his legs. He was put upon strychnine, and, as in the two others, he experienced tremblings and twitchings in the legs, and even pretty severe pains; a little increase of activity in the secretion as well as excretion of urine. A varioloid, so light that it did not even suppurate, supervened, and the strychnine was obliged to be suspended. But, singular to relate, under the influence of the varioloid, at the end of seven or eight days, the paralysis seemed to be modified, and now the subject, lying upon his bed, can move his foot from the horizontal plane which it has occupied, and lift it to some height. The retention of urine has ceased, and there is no longer any difficulty in its expulsion.

Before proceeding to give some other instances of an analogous character, I may submit, that should ulterior and more extensive experiments with strychnine demonstrate that it has an almost specific action upon the muscular fibres of the bladder, we may hope to derive very great advantages from its employment in certain paralyses of this organ, whether they be idiopathic, the result of some mechanical cause, in which case strychnine is the principal element of the treatment; or symptomatic of some other affection, when it would constitute a useful adjuvant to stimulate the inert viscus, while appropriate means were being directed against the causes of the affection.

M. Mauricet has published in the *Archives de Médecine* (te. xiii, page 403) a short history relating to this subject, which, being unusually striking, I translate entire:—The two sons of Mr. R., he says, the one 13, the other 14 years of age, both of lymphatic constitution, had labored since their birth under nocturnal incontinence of urine. I prescribed the alcoholic extr. of *nux vomica* in doses of  $\frac{1}{2}$  gr. morning and evening. Three days elapsed; the incontinence had disappeared and was not again seen during the use of the remedy. At the end of fifteen days, the *nux vomica* was discontinued; relapse. Consulted again. I made the same prescription; the incontinence again disappeared. The treatment was interrupted; another relapse. Finally, having taken the extract for the third time, and having continued its use during a month, the two patients were completely cured of their disagreeable affection.

M. Mauricet, after observing concerning these facts that they require to be substantiated by new experiments, adds—"Nevertheless, in considering that the incontinence of urine has always disappeared under the influence of strychnia, and that it manifested itself anew at the cessation of the remedy, have we not ground for believing that the *nux vomica* contributed powerfully to the cure?"

One more case, and I dismiss the subject: M. Trousseau employed strychnine with the most perfect success in a woman who, in con-

sequence of a fall from a considerable height, had been first paraplegic, and afterwards merely affected with a paralysis of the bladder. The latter affection yielded most promptly to the strichnine.

*Cancer of the Breast.* VELPEAU.—A peasant about fifty years old has returned to our service for a cancer of the breast. I say returned, for she had presented herself to us when the tumor was circumscribed, its limits clearly definable, its mobility evident—in a word, when it offered conditions favorable to the operation. But the tumor was the seat of no pain; the patient could not comprehend how a tumor which gave her no trouble was a fit subject for the knife, and, refusing the only efficacious remedy that we could propose, returned to the country. Today she asks for what at that time she could not be prevailed upon to accept; today the tumour is ulcerated, adherent, and extends perhaps to the ribs. This is a trouble that you will often meet with in practice. You will see the operation rejected at the moment when it is opportune, and solicited at a later period, when the progress of the diseases has rendered it almost impossible, or at best of doubtful success. And this is particularly the case when the cancer causes no pain, especially as women find physicians who give them counsel more in accordance with their taste in altogether discountenancing the operation or in postponing its application. This order of physicians may be subdivided into numerous genera. The first are charlatans, whose only end is to inspire the patients with a false security, the consequence of which it is needless to allude to. There are others, and these may perhaps be conscientious, who believe in the medical cure of cancer, at least in certain cases; these essay internal medication before resorting, if it should become necessary, to the removal of the tumor. It is not true that medicine ever made the smallest cancer disappear, and these pretended cures arise from an error in diagnosis. In good practice, he alone attacks cancer by internal remedies who is assured that the nature of the disease is not malignant. And should he have to deal with confirmed cancer, he is in a dangerous path; he loses precious time in dissipating or diminishing the engorgement of the tissues which surround the tumor, while he exercises not the slightest influence on the final result. This method, then, possesses not a single advantage, while it has many attendant evils.

In the first place, that cancer is often primitively a local affection I have not the slightest doubt, although this is a point which, as you know, has been warmly contested. In temporizing, then, or leaving the disease to become general, the cancerous cellule, if it really exist, is transported first into the circulation, afterwards into the other organs, and infection is the result. Granting, even, that the cancerous principle pre-existed in the economy, and that the tumor is but a manifestation of it, in removing this tumor, if you do not destroy the principle, you at least destroy one of its effects, without increasing in any degree the activity of the cancerous diathesis.

On the other hand, as a wound the operation offers no danger if it be made in time, a little while after the appearance of the morbid pro-

duct—when, for example, its volume does not exceed that of a filbert. In this case you relieve the patient by a small incision scarcely followed by reaction. I should advise you, and this is my practice, to operate as soon as the cancerous character is evident. To wait till the tumor ulcerates and extends, or even until the ganglia become affected, is to compromise the life of the patient as well as the character of surgery. When the ganglia are only *engorged*, the result is already uncertain, and if you would operate under such circumstances now, you will not do it when you become old. Young practitioners attribute this to the coldness of age, and, full of confidence in the powers of the art the duties of which they are just entering upon, they mistake for timidity what is but the fruit of experience. And after a first and even a second failure, they still repeat their efforts; but finally correcting themselves, they in their turn become old, and no more subject their patients to useless torture.

In the case which occupies us, the tumor is ulcerated, adherent, comprehending perhaps the ribs, and the ganglia in the axilla are enlarged. This lymphatic engorgement, which is nearly always cancerous, would deter me from any operation if the patient, seeing but too clearly the fate that awaits her, had not persuaded me by her repeated and anxious entreaties to give her, uncertain as it is, the sole chance that remains. The condition of the part, and especially its size and depth, forbids removal by the bistoury; caustics are scarcely of easier applications, but they disturb the economy less, occasion no fever, and although more painful, are less alarming to the patient. To what caustic should we give the preference—to the paste of chloride of zinc, or that of Vienna, or that of frère Côme? The latter possesses a particular danger belonging to the poisonous nature of arsenic, which constitutes its base; and although these dangers have been exaggerated, still they are not the less real, as there are instances to prove. And here the size of the absorbing surface augments it in a fearful degree. Besides, this paste produces great pain and high inflammation. That of Vienna produces a sanguineous discharge which fuses it, and its action is too superficial. That of the chloride of zinc attacks only fungous tissues or those deprived of their epidermis; you may hold it a year in your hand without feeling it, but the moment you remove the epidermis by a blister, it will take effect and burn you violently—a property as true as it is strange. It would be necessary here to denude a part of the tumor, and this initial step is very embarrassing; and let me add that this paste causes cruel suffering during the whole time of its application.

The *black caustic*, composed of sulphuric acid and saffron, without any precise formula, but so as to form a homogeneous paste, appears to me to possess incontestable superiority over all the others. It destroys every surface with which it comes in contact; it occasions no sanguineous discharge even when the skin is ulcerated and fungous; it occasions very little pain; the tissues attacked become dry, and suppuration arrives only with the eliminatory inflammation at the end of fifteen days; and during this time, without any dressing, with-



out any care, the patient may forget his eschar. Added to all the rest, the retraction of the eschar limits the extent of the cicatrix. It is true that its application is somewhat difficult; it adheres more to the spatula than to the tissues. As it burns all, the diachylon cannot circumscribe it; it is not well applied except on a horizontal surface, and it is, moreover, liable to become fused. But these defects, which I am far from endeavoring to conceal, by no means counterbalance its good qualities, and I repeat that the black caustic is, in my opinion, preferable to all the others. I proceed to attack successively the various points of the tumor by partial applications.

*Fissure of the Anus; Subcutaneous Tenotomy.*—We are aware of few local affections in which a longer catalogue of remedies has been proposed, than the one which forms the caption of this article. The very often intolerable pain which attends it, accompanied not unfrequently by spasm of the anus, demands active means to soothe the one and overcome the other. The employment of the bistoury is not rarely required, though there are many cases for the relief of which all that is necessary, is the application of emollient and anodyne fomentations, or at most, cauterization with the nitrate of silver.

Dupuytren, it is reported, employed with considerable success a mixture of the following ingredients:

Extract of belladonna, ʒij.

Honey water, . . . ʒij.

Adipis, . . . . ʒij.

carried into the anus by means of a wick or tent. By gradually augmenting the volume of the tent, the resistance of the sphincter is overcome. It appears desirable to make the tent as large as possible, for, although it causes very considerable pain at first, this soon ceases.

Cold water applied to the part, and decoctions of various substances have been much vaunted, but the three remedies which have been most insisted on within late years, are cauterization with *lapis-infernalis* and nitrate of silver, dilatation, and section of the sphincter.

Boyer, the first to propose incision of the sphincter, regarded this operation as invariably successful, though Roux, Béclard, and Richerand have all cited cases in which it has failed in their hands.

Dilatation has also had, and has still, its advocates—among others, Dubois, who declares that it *constantly* succeeds, and Béclard, Marjolin, Copeland, &c.

Without consuming further time in this way, I will say that the subcutaneous section of the muscle, as proposed by M. Blandin, appears to me to possess incontestable advantages over all other methods that I have ever seen used, and I have seen almost all used that the art possesses.

M. Blandin divides the operation into four stages:

1st. Puncture of the skin.

2d. Introduction of the finger into the rectum, and tension of the skin on both sides of the anus.

3d. Pushing the tenotome between the mucous membrane and the muscle.

## 4th. Division of the muscle.

The puncture of the skin is so simple that it is unnecessary to speak of it, save in relation to its seat, which is a matter of some importance. Practiced too near the anus, it renders the section of all the muscular fibres somewhat difficult, and exposes, while dividing them, to enlargement of the cutaneous opening; then, if the patient is obliged to go to stool before the cicatrization is perfect, the contact of the fecal matter with the wound will irritate it and determine an inflammatory action, which may even pass, in some circumstances, rare it is true, to the phlegmonous state.

If the puncture is practised at too great a distance from the anus, some difficulty will be experienced in cutting the most internal fibres of the sphincter, which, I need not remark, it is always essential to divide completely. The proper distance at which to make the puncture of the skin is from five to seven lines from the anal opening.

If it be complained that I have given too much space to this portion of the subject, my reply is, that in subcutaneous sections of muscles the persistence of the integrity of a few very fine fibres may almost completely mar the results of the operation. Some years ago, when strabotomy was, if we may use the expression, the fashionable operation, it often happened that the complete section of the muscle, with the exception of one or two fleshy fibrils, produces no change in the direction of the ocular globe and it became necessary, by aid of a blunt crotchet to find those fibres which had escaped, in order to effect a cure.

That which obtained in the muscular fibres of the eye occurs equally in the section of the sphincter of the anus. It has happened to Blandin himself, and notwithstanding the care that this able operator invariably takes he has been more than once obliged to resort to a second section, in order to relieve a contraction which a first attempt had failed to overcome.

In connection with this subject, the following case which occurred in Blandin's wards may prove interesting:

A young girl entered the service of M. Blandin a short time since, having an anal fissure accompanied by all the characteristic phenomena, spasmodic constriction, lively pain, etc. The operation was performed by the subcutaneous method; the recovery was rapid, equally as regards the fissure and the muscular constriction. Notwithstanding there still remained something—a little pain, a little constriction. The finger introduced into the anus passed, however, with sufficient facility, and M. Blandin thought that with time and the aid of opiates the girl would be cured. But, convinced that some of the fibres of the sphincter had escaped, he determined to perform the operation anew, as being a more simple and rapid means, and more certain of effecting a complete and definite cure.

What remains to be said of the operation is but brief.

The introduction of the finger into the rectum is of real importance, since its internal face serves as a guide to the instrument inserted beneath the mucous membrane. This introduction may sometimes pre-

vent the destruction of the mucous membrane, which would certainly be far more easy without this introduction. The remaining steps of the operation do not differ from those of ordinary tenotomy. At the moment when the instrument divides the muscle the well known *bruit de craquement*, characteristic of the section of a tense muscle, is heard. When the operation is terminated, by the muscular section being complete, contraction ceases, and the finger introduced into the rectum manifestly feels a depression, if it may be so expressed, of greater or less length and extent, formed by the interval which separates the two extremities of the divided sphincter. The dressing consists simply in the application of compresses, wrung out of cold water, to the little wound, which cicatrizes in forty-eight or seventy-two hours. Five or six days suffice to reunite the two extremities of the muscle.

*Gun-Shot Wounds.*—The chiefsurgeon of Val de Grace, M. Baudens, during a short series of lectures which he delivered just after the Revolution of February, on gun-shot wounds, gave in a very few words the basis of his treatment of these accidents, which, from all accounts, was eminently successful in Algeria.

It is embodied in six precepts, which run thus :

1st. Of a compound wound make on the spot a simple one, by extracting the fragments of bone.

2d. Combat by cold water, and if need be by ice, the excess of the local traumatic reaction.

3d. Keep the inflammation local, and thus prevent it from gaining the important viscera.

4th. If the thoracic member has a comminuted fracture, extract the fragments, make suitable resections, and reserve amputation as a last resource.

5th. If the femur is fractured with fragments, amputate immediately ; if the tibia or the fibula alone is fractured, endeavor to preserve the extremity, after having removed the fragments, and reserve amputation ; if the fracture involve both bones, as a general rule, amputate immediately.

6th. Isolate, at whatever cost, the patients whose wound suppurate, in order to prevent the much to be dreaded miasmatic infection. In the absence of chambers, put the wounded under tents ; in the absence of tents, place them in the open air, under hastily-erected sheds.

We give the next letter, the last of the series entire. We had marked it for republication when issued in the *Western Medical and Surgical Journal*. We believe it contains true and valuable information for all desirous of visiting the European Medical Institutions.

“What are you going to London for ?” I once heard a young graduate in medicine asked, who had just had a passport filled for Great Britain. His reply was, “for the hospital advantages and anatomical



facilities." I had passed a summer in that vast city only two years before, in search of medical knowledge, and felt the injustice my young professional brother would be doing himself in sojourning there any length of time, but in the hurry and bustle attendant upon disembarking from a long voyage, although I wished to make myself known to him and point out the error under which he was laboring, the opportunity for doing so did not present itself.

What, in reality are the hospital advantages of London? Great, very great. In comparison with those of Paris? Small, very small. And as for anatomical facilities, there is not a medical school, in any village in the United States, however small, which does not afford subjects for dissection cheaper and in greater abundance than either King's College, or University College, or any other College in London.

I remember very well, that in the summer of 1846, when following the lamented Liston through the wards of the University College Hospital, I thought what an ample opportunity was afforded me for acquiring medical knowledge! At that time I fancied that he who saw most would learn most. It was not long, however, before I began to experience that there was something wanting—that there were too many students about the beds of the patients; that I saw disease, but could neither feel or hear disease; in a word, that my opportunities carried me to a certain point and there stopped. Not content with what I saw in University College Hospital alone, I followed Key, in Guy's Hospital, Fergusson in King's College Hospital, Lawrence in St. Bartholomew's, and other surgeons in other hospitals; but still the same objections were present to me. I bethought me of the dissecting room, and through the kindness of Mr. Liston every facility was afforded me free of charge, which was effected by my dissecting in his private room. Those students, however, who were dissecting at that time were paying, if I remember aright, a guinea for an arm, 30 shillings for a leg, and from four to five guineas for an entire subject. For what they were paying for a single lower extremity in London, they might have dissected in Paris, from the first of November to the middle of April, and in Florence for two sessions of five months each, and had their knives regularly sharpened into the bargain.

Knowing that clinical lectures were of inestimable value, I looked about me for good teachers, determined to attend their courses with the utmost assiduity. Stanley amused me exceedingly the first two or three days by his pompous, inflated florid style, but I soon grew weary and ceased attending his clinics. Fergusson possessed even less talent for lecturing than Stanley, and although the matter of his lectures was pre-eminently sound, practical and valuable, his manner of communicating it was so unpleasant that my patience was soon exhausted. J. C. B. Williams, although by no means a lecturer of the first order, was still infinitely superior to either of those just named, and always succeeded in imparting much that was useful, notwithstanding his manner was offensively testy and ill-humored. Quain could almost be said to have been a pleasant lecturer, though he was

somewhat wanting in a very essential element of a speaker, animation. Without extending to greater length the list of clinical teachers, it may be said of the London faculty, that it would be a difficult task to find among so many men of extensive acquirements and reputation, so few who were interesting and attractive instructors. The power of imparting knowledge orally, so far as my observation extends, is possessed by a very small number of Englishmen.

Every medical school in London has in connection with it a hospital, access to which is obtained by paying, save in a few instances, a hospital fee, varying in amount in different hospitals.

Admission to the University College Hospital costs four dollars; to the London Hospital, ten dollars; to King's College Hospital, two dollars; and to Middlesex Hospital, five dollars.

The offices of dresser, house-surgeon and clinical clerk, in some hospitals, are obtained by purchase; in others they are awarded to merit. In Guy's Hospital a dressership costs two hundred and fifty dollars per annum; in the London Hospital it commands one hundred and fifty dollars, as is also the case in the Middlesex Hospital.

Attendance upon both the medical and surgical practice of University College Hospital costs one hundred and fifty dollars; upon either one alone seventy-five dollars per annum.

One cannot become an attendant upon the meetings of any of the scientific societies unless he pay the admission fee, varying in different institutions, but in all cases being of some moment to the student who wishes to take advantage of all the various means of improvement by which he is surrounded. How differently things are conducted on the other side of the channel!

In the first place the most abundant anatomical material is obtained at the *Ecole Pratique* or *Clamart*, during six months, for six dollars—for less than half the cost of a subject in London. And this, if one is not a candidate for a diploma from the *Ecole de Médecine*, is the sole outlay for medical knowledge. Should the diploma be made an object, the sum that the house-surgeon annually pays at Guy's will meet all the costs and give him thirty dollars to spare. In other words, the attendance upon one single course of lectures in any one of the schools and any one of the hospitals, in London, will cost more than attendance during four years upon the lectures of eighteen professors and twelve hospitals in Paris. In Paris a hospital fee is unknown, and the house-surgeoncy and clinical clerkship, instead of costing their occupants one or two hundred dollars, are sources of almost that much revenue, yielding to each, eighty dollars and their lodgings, the first year, and a hundred dollars and their lodgings during the second and third years.

In London, although each school has its hospital, the number of students in attendance on them is too great to allow of that close examination and continued investigation of cases, which is necessary to give clinical instruction the highest value of which it is susceptible. In Paris the case is different. The number of students at the *Ecole de Médecine* is, say one thousand. These are divided among ten



hospitals, and the hundred thus allotted to each are again subdivided and scattered over the building, some in the surgical, and others in the medical wards—some following Velpeau, others Gerdy, and others again Bouillaud.

Let us take *La Charité*, for instance, and observe how instruction is dispensed there. The patients are distributed through sixteen wards, and are committed to the care of eight physicians and surgeons. The wards are open to students from 7 o'clock, A. M. till 10, A. M., three hours, during which time the visits and lectures are made, and operations and autopsies performed. Now, Velpeau, attractive as he is, seldom has with him more than twenty or thirty students during his visit; as soon as he adjourns to the amphitheatre, which he always does at a regular hour, the number is greatly augmented by accessions from the other wards, and even from other hospitals. But during the hour of his stay in the wards he rarely has more students than I first stated, and because he has so many his visits are less profitable to students than those of his neighbor, Gerdy, for the very obvious reason that the few who accompany Gerdy have a much better opportunity for making a thorough examination of the cases. Bouillaud, although, as I have said before, one of the first clinical lecturers in the world, does not generally succeed in assembling more than ten or fifteen students, and consequently every one of them has an opportunity of examining the many interesting cases in which his wards so constantly abound.

French medical students well understand, as I suppose do all medical students who have seen hospital practice, that beyond a certain, and that quite a limited number, seeing becomes a thing quite impossible; and unless the student himself can see, hear and feel the patients, it is quite clear that he will walk the wards of the hospital for many a long day before he can become a diagnostician or practitioner. Merely breathing the atmosphere of hospitals is far from being adequate to rendering students competent physicians. A man, for example, can never learn diseases of the chest unless he auscult, and this he cannot do in a hospital if there be a large number of students. He can never educate his finger, so as to make it an intelligent servant in vaginal examinations, unless he has opportunities to use it. He may grow grey in looking at Hugier and Paul Dubois practice the *toucher*, and be none the wiser for it. It is indispensable, if he would become a physician, that he auscult, and percuss, and *touch* for himself. These are things that cannot be done by proxy, and the superiority of French hospitals over all others, consists in the facilities which they afford for these examinations in *propria persona*. In a single morning one may see a dozen cases of disease of the uteri, in Jobert's wards, and may auscult half this number of lungs in Bouillaud's wards, at least three times a week.

The industrious student in Paris may see in one morning the cases in both a medical and surgical ward, hear a clinical lecture, witness any operations that are to be performed, and be present at the post-mortem examinations. And if he be strong, and fleet of limb, he may



follow Roux through his wards at the *Hôtel Dieu*, Jobert through his at *St. Louis*, and hear Velpeau lecture at *La Charité*. No hospital, or library, or apothecary's fee is necessary to all this. The matriculation ticket of the school of medicine, or a diploma from any other medical school, secures a card of admission to those hospitals; and in the absence of a diploma, a simple declaration of the fact of your being a foreign student or physician is sufficient, the ticket system having been introduced solely with the view of preventing improper persons from entering the hospitals, and even this obtains in only a few of them.

As I have already intimated, situations in the hospitals are neither bought nor given away; they are the reward of merit, free alike to the young and old, the rich and poor, to be obtained in but one way—by *concours*—which, with all the objections that may be urged against it, is, in my opinion, the best, and in truth, the only decisive test of merit.

Relative to that most important subject, anatomical facilities, one could not wish them greater than they are in Paris. There are two immense establishments set apart for dissections, the *Ecole Pratique*, and *Clamart*; the one within a few steps of the school of medicine, and used during the winter session; the other distant a mile or more, the most convenient, largest, and best appointed building of the kind in the world, and open both winter and summer. The demonstratorships and assistant demonstratorships are the reward of merit, conferred by *concours*. At the *Ecole Pratique* there are five or six rooms, each furnished with a demonstrator, and each containing eight or ten tables for subjects; and about as many rooms, containing four or five times the number of tables, at *Clamart*. The classes are composed of four or five members; the cost of the dissecting ticket is thirty francs a session; the number of subjects furnished is amply sufficient; the demonstrators are always at their posts, and are necessarily competent. Two courses on operative surgery are given annually: one in the amphitheatre of the *Ecole Pratique*, during the winter, the other at *Clamart*, during the summer. Besides these, which are embraced in the curriculum of the school of medicine, private courses can at all times be obtained from the different demonstrators, who also take, although contrary to the edict of the dean of the faculty, private classes on anatomy. Since I have alluded to the subject of private teaching I may remark, that the various *internus* and clinical clerks are but so many private instructors, whose services are to be obtained at the rate of five or six dollars a month, and it is by embracing the opportunities which these men afford that the student will learn most. Some years ago private clinical instruction in the hospitals was sanctioned by the administration, but being carried by the *internus* to too great an extent, the patients made such loud complaint that it became necessary to prohibit it. A physician, who was *interne* during the existence of the law permitting it, told me, that so great was the love of money or the love of teaching, he could not say which, a short time before the law was repealed, the *internes* spent almost the entire day

in the wards, examining and re-examining the patients, very often rousing them from sleep before it was fairly light to begin the work of investigating their diseases, and, not satisfied with prosecuting it through the day, pursued it often by candle-light far into the night. Patients, at length, grew impatient and refused to submit to such torture; the law was abrogated, and under the present system private clinical teaching is conducted *sub rosa*. But the laws of a hundred faculties and administrations would be little heeded by the *internes*, when pecuniary reward was in question. Human nature can too seldom withstand the temptation of money, and *French nature* is not proof against it. Form a class of four, or even two, and offer an *interne* five dollars per month each, and the doors of the hospital turn noiselessly on their hinges, and the faces of the nurses wear a smile of welcome; the director never intrudes, the patients are your own, to be examined at your leisure, and the *interne* at your side to assist, direct and instruct you.

Orfila, strict, stern and severe as he was, never succeeded in suppressing private courses on anatomy and surgery at either Clamart or the *École Pratique*, though he often swore he would make *cadavres* both of those who attempted to give and those who received them. They were given in spite of his watchfulness and in defiance of his threats, and would have been given had there been a score of deans all equal to Orfila. They are given now under Bouillaud's administration, and will continue to be given till there are no students willing to pay five dollars a month for a course on the former, and ten dollars for a complete course on the latter subject.

Paris abounds in private teachers. Private instruction can be obtained on any subject. Magendie's assistant delivers lectures on Physiology; Blandin's assistant on Operative Surgery; Paul Dubois' assistant on the *Toucher*; the keeper of Dupuytren's Museum on Pathological Anatomy. The price of these tickets varies from six to ten dollars. Then there are Sichel's, and Desmarre's, and Tavignot's clinics on diseases of the eye, a clinic on diseases of the ear, etc., etc.

Another advantage that cannot be too highly estimated arises out of the circumstance that there are in Paris hospitals devoted exclusively to a certain class of diseases; as the Du Midi hospital to venereal diseases, St. Louis, a large portion of it, at least, to diseases of the skin, and other hospitals to other diseases.

Without extending my present and last letter to greater length, the advantages afforded by Paris may be briefly said to consist in the number, size, and wise and liberal administration of her hospitals, the abundance of anatomical material, the number of private clinics and private courses, the talent of her public and private teachers, the cheapness of instruction in all its branches, the number and reputation of her scientific bodies and associations, and the system of *concours*, which, while it secures the highest qualifications, is impartial in its operation, affecting alike the rich and the poor, the befriended and the friendless.

In bringing to a close this series of letters, extending now through

more than two years, and over six volumes of the Journal, I trust I may be indulged in a few words personal to myself. The correspondence was commenced without any definite plan, and without the slightest expectation that it would swell to such an extent, the chief motive which commenced it and has kept it up, having been a desire to lighten the editorial labors of one to whom I owe all that a son can owe a father; and if I have accomplished nothing else by my letters, it is a source of unfailing satisfaction to me to know, that I have at least been successful in this. The reader who has had experience in literary matters will not need to be told, that the preparation once a month for the press of a long letter, amid the labors of a medical student in Paris, is no small tax upon one's time and energies. But through all the toil and weariness of it I have been cheered at every stage by the assurance, that my communications were well received. The favor, indeed, with which they have met, far exceeds anything that I could have expected or hoped. With an expression, then, of my thanks to the readers of the Journal for their indulgence, and to my brethren who through the press have spoken so approvingly of my letters, I here bring the correspondence to a close.

*Louisville, Ky., Oct. 29th, 1848.*

The reader will recollect we have frequently before drawn from this same source, Dr. Yandell's letters, as issued from the press, during the past two years.

2. *Harrison's Anatomy: a Text-Book of Practical Anatomy.* By ROBERT HARRISON, M. D., M. R. J. A., Fellow of the Royal College of Surgeons of Ireland and of England, &c., &c. With additions by an American Physician—with numerous illustrations. New York: S. S. & W. Wood. 1848. Pp. 720 large 8vo.

We acknowledge with pleasure the receipt of this excellent work. The numerous additions it has gained in passing through the hands of its able reviser, Dr. Robert Watts, jr., which enhance its value, and the manner of its execution, does justice to the well established reputation of its publishers. Its title page reads, "*A Text Book of Practical Anatomy*;" but in the present enlarged and improved condition of the work, it might well be denominated, "*The Library of Practical Anatomy*," for it indeed contains all that the student can possibly require, in the prosecution of his studies. To sum up: we cannot better signify our approbation and commendation, than by stating the fact, that it is our old, much esteemed favorite, the Dublin Dissector of Robert Harrison, enlarged and improved, to adopt it to the wants of the American student, and these wants it most amply supplies.

H. F. C.



3. *An Illustrated System of Human Anatomy—special, general, and microscopic.* SAMUEL GEORGE MORTON, M. D., Pennsylvania and Edinburgh, member of the Medical Society of Philadelphia, New York, Boston, Edinburgh, and Stockholm; author of *Crania Americana*, *Crania Egyptiaca*. &c. With 391 Engravings on wood. Philadelphia: Gregg, Elliot & Co. 1849. pp. 642 royal octavo.

Here we have presented to us the most magnificent work on Anatomy ever published in this country. It is dedicated to Students of Medicine by the distinguished author, and we have no hesitation in saying, that is *the* Anatomy for them. Besides the clear, concise and correct description of the human system here so faithfully delineated, the whole subject is admirably illustrated with well executed engravings. But what renders this book so valuable is the important addition which it contains on *microscopical* anatomy. This is what gives it a superiority over all others. We cannot too highly recommend this work to all studying Medical Science—the production of one of the most laborious and worthy members of the profession.

4. *Clinical Midwifery. Comprising the history of 545 cases of difficult, preternatural and complicated Labour—with Commentaries.* By ROBERT LEE, M. D., F. R. S., &c., &c., &c. First American from the second London edition. Philadelphia: Lea & Blanchard. 1849. pp. 238.

This, it will be perceived, is one of those reprints from English Medical Literature, to which the profession in this country is so much indebted. We thank the ever-industrious Publishers for remembering us in their distribution of copies.

5. *The Half-Yearly Abstract of the Medical Sciences: being a practical and analytical digest of the contents of the principal British and Continental Medical works published during the preceding six months, &c., &c., &c.* Edited by W. H. RANKING, M. D., Cantab, &c —assisted by Drs. Guy, Day, Ancell and Kirkes. No. 8. July to December, 1848. Philadelphia: Lindsay & Blakiston. pp. 271.

This is another re-publication, for which we are indebted to its publishers in this country for a copy. We have already expressed our favorable opinion of this retrospect of Medical Science, and our frequent reference to its pages for matter under the head of extracts, is the best evidence of our estimate of its value.

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*On the comparative Efficacy of certain Medicines in Dysentery, and other Intestinal Fluxes of Hot Climates.* By Dr. PAPILLAUD, Brazil.—(Charleston Medical Journal.)

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The treatment of dysentery has varied in different epidemics, and inflammation, once considered a cause, is only one form, alteration of secretion another; in the most decidedly inflammatory form, the purely antiphlogistic treatment is seldom sufficient, and often useless. In diarrhœa the indication for sanguine emission is still less frequent—and even if it did exist, the physician is never called in, until the time for them has passed by. In Dr. Papillaud's private practice in France and in the hospitals of Paris, laudanum and starch injections, diet, and the extract of rhatany were usually sufficient, but he found since he practised in South America, that the former were insufficient, and that astringents usually aggravated the disease. In the province in which he lived, intestinal fluxes were very common, dysentery endemic and often epidemic towards the end of the summer. He experimented with castor oil, ipecacuanha, calomel, sulph. of soda; of the vegetable astringents, he tried rhatany and simarouba; of the mineral astringents, lime, acetate of lead, alum, and nitrate of silver; of narcotics, extract of opium and sulphate of morphia; from the result of these experiments, he determined to abide by sulphate of soda and opium, the effects of the other medicines being variable and uncertain. Castor oil does not sufficiently modify the intestinal secretions. Ipecacuanha is used not as an emetic, but as an antidysenteric. Introduced by the rectum, and causing neither vomiting nor purging, it is just as efficacious as when introduced into the stomach. Dr. Papillaud thinks its virtues have been overrated. The preparation and dose are not a matter of indifference. He prefers the infusion of the root, seven to thirty grains to four ounces of water, a table-spoonful every hour, as less provocative of vomiting than the powder. Calomel he rejects as uncertain, sometimes purging, sometimes being inert. The English practice of calomel and castor oil is very unsuccessful. The combination with ipecacuanha, in equal proportions in pills, is more efficacious. Sulphate of soda, he thinks, deserves the praise it received from Bretonneau and Trousseau, acting energetically and most rapidly. One or two drachms, dissolved in a small quantity of vehicle, and given in divided doses, usually arrest a dysentery in twelve, twenty-four, or forty-eight hours at the longest. Any acute dysentery which is not suppressed in this time by it, calls for the closer attention of the physician, either as presenting complications, or being of extreme gravity. No state of the pulse or tongue, counter-indicate its use in small,

moderate, or large doses. In twelve or twenty-four hours the bloody stools are replaced by natural ones, the number is diminished to three or four, and the tenesmus disappears. In other intestinal fluxes it is equally efficacious. In only one very severe, advanced case, it increased the diarrhœa; in three, it was without effect. Rhatany and simarouba deceived his expectations. In the greater number of cases an amendment took place after the first twenty-four hours, but disappeared the next day.

Mineral astringents he condemns altogether. They caused violent pain in the stomach and bowels, increased the fever, and were of no benefit. A syrup of lime was only successful in some chronic diarrhœas without general symptoms.

Opium he considers equal to sulphate of soda, and together they formed one of the most efficacious combinations. He preferred the extract of opium, one grain in three to four ounces of vehicle, given in divided doses, and increased by a grain each day, if necessary; if the disease resists four grains, one grain of the sulphate of morphia was substituted, and progressively increased in the same ratio.

The sulphate of soda and opium were united, both because separately they were so efficacious, and further, because the sulphate of soda, not acting as a purgative, but as a general and local modifier, the action was prolonged by its union with opium, which prevented or retarded its expulsion by the action of the intestines.

Two-thirds of the patients treated by sulphate of soda and opium were cured in twenty-four hours. The maximum duration of treatment was five days, the minimum twelve hours, the average two days. Opium alone gave fewer rapid cures, but the maximum and mean remained the same. Ipecacuanha alone or with calomel gave an average of five days and a maximum of eight. The deaths were as one in ten; with the former method as one in twenty. With astringents the treatment was inefficacious in half the cases—one forth died; the duration of the treatment was from five to thirty days. General bleeding was indicated once in every twenty-five cases—local once in every fifteen.

These observations were collected in a province of Brazil, in twenty-nine degrees south latitude, therefore in an extra-tropical, warm region, and if we compare the results there with what occurs in France, we may conclude that the medical power of astringents in the class of diseases decreases in direct proportion to their acuteness and severity, and also in direct proportion to the elevation of temperature of the regions where they prevail.



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The summary of his remarks is contained in the following conclusions:

1. Opium and sulphate of soda are the remedies, *par excellence*, in the great majority of intestinal fluxes, acute or chronic, sporadic or epidemic.

2. Either one of these, or both combined, suppress dysentery, without any danger.

3. Ipecacuanha, so much used in these diseases, is not a reliable remedy. When it did cure, it was owing neither to an emetic nor purgative property; it was most efficacious when tolerated; its introduction by enema was useful.

4. Calomel alone was more faithless still; added to ipecacuanha it promoted its toleration and regulated its action.

5. Vegetable astringents were seldom useful, and often hurtful. In the few cases where they are indicated they should be combined with opiates.

6. Mineral astringents were still less valuable, and more injurious than vegetable astringents.

7. The indications for local bleeding were very rare; that for general bleeding occurred only as an exception.

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*Prophylactic Indications to be observed against the Asiatic Cholera.*—(New Orleans Med. and Surg. Journ.)

At the time when Asiatic Cholera seems on the point of reaching us, we deem it our duty to make known to our readers an interesting report on the prophylactic indications to be observed against this terrible malady, a report of which the Belgian Academy of Medicine is now discussing the results. This report suggests painful reflections. In effect, while around us, in Germany, in England, in Belgium, everywhere, the public mind is pre-occupied with the coming of the Scourge, the French Government alone seems content to remain quiet and inactive. The following is the summary of the results of the report.

1.—*To improve the sanitary condition.* 1st, in the ignorance which exists of the virtual or efficient cause of epidemic Cholera Morbus, to endeavor to combat effectually the auxiliary or predisposing causes, which singularly favor its invasion, and influence so powerfully its propagation, its malignity, its treatment and its termination.

2. To observe carefully the preservation of the public health; to seek by all disposable means to destroy, to correct or at least to diminish the causes of insalubrity, by placing the poor and laborious classes in physical conditions similar to those in which independent persons are generally found.

3. To provide for the healthfulness of cities and of the country, as well as for the improvement of the condition of the indigent and for their education.

4. To direct Magistrates to neglect nothing for the removal of whatever may favor the development of the disease.

5. To take care to preserve the greatest cleanliness in inhabited places, in dwellings, and of person and clothing.

6. In the imminence of the disease to have the streets, lanes, crossings, public places, markets, &c., in cities and towns, and villages, swept frequently, not only during the day, but even at night also, and never to suffer dirt, filth, sweepings, excrement, animal and vegetable matter, in a state of putrefaction, to remain there.

7. To facilitate the flowing off of rain water, slops, &c., falling on the surface of the ground, and to permit no where near habitations, the formation of muddy and putrid pools.

8. To cleanse the sewers, ditches, ponds, canals, flat ponds, dung heaps, &c., during the winter or at the commencement of spring.

9. To arrange the perimeter of marshes, ditches, and ponds, and even of rivers with a gentle current, whose beds are partly exposed during the summer, so that their waters may be constantly elevated and may keep the banks submerged unless circumstances may not permit them to be cleansed or desiccated before the appearance of the epidemic.

10. If the disease makes its appearance in any particular locality, to defer or to forbid the cleansing or desiccation of the surrounding stagnant water, unless imperious necessity compels a different course; to prevent at that time even fishing in the lakes and ponds when it cannot be done without first drawing off the water, and exposing the putrescible mud of their bottoms.

11. To cause the inspection and cleansing of wells, cisterns, fountains, pumps, and watering places.

12. Public and private privies, when it may be requisite, should be examined and emptied; and those of them should be closed up whose flagrant insalubrity is irremediable for the want of a regular drain, or other means suitable to insure their innocence.

13. To exercise a special and constant superintendence over all public institutions, where large masses of people are assembled together, such as Theatres, Barracks, Prisons, Hospitals, Schools, Colleges, Universities, as well as workshops, and factories, in order to maintain in them the most perfect salubrity, particularly those which are reputed to be insalubrious, likely to compromise the public health by being badly kept, and by

the noxious vapors which they diffuse, regarding private rights, however, as far as possible.

14. To pursue the same course towards slaughter houses, butcheries cemeteries, lumber yards, warehouses, shops, cellars, granaries, stables, stalls, furnished rooms, houses occupied by poor families, ragmen, gut-spinners, cattle-merchants, persons who raise hogs, chickens, rabbits, &c., places in which the air is often, impure, contaminated, and imperfectly renewed.

15. To sprinkle chlorides frequently in necessities and water closets, in kitchen sinks, in the sewers of slop water, in places where large numbers of persons assemble, in butcheries, slaughter houses, fish markets, in dead chambers, &c., in short, where ever noxious emanations are formed.

16. In situations other than those enumerated, (15) the best and the principal remedy is a free circulation and renewal of pure air.

17. The habitations of the poor should always be kept clean, and rendered healthy; they should guard against the crowding of lodgers, and where it exists, it should be speedily obviated.

18. At the approach of the disease, to disperse a part of the population which is crowded in narrow and unhealthy habitations, by procuring for them spacious lodgings, well aired and ventilated, until the danger is past.

19. Houses which have been recently invaded by the overflowing of rivers should not be inhabited until after they have been perfectly dried and purified throughout.

20. To furnish necessary supplies, and to secure subsistence.

21. To cause to be inspected, and approved by experts, the condition of articles of food offered for sale, in all places whatsoever, to prohibit by severe penalties all those which are of doubtful or bad quality, as well as those which have marks of alteration or adulterations. Unripe fruits, vegetables, the flesh of swine, salted, smoked or dried meats,\* pickled fish, melons, cucumbers, &c., demand above all especial attention on the part of the sanitary police.

22. To recommend temperance and sobriety, and the observance of a nourishing regimen, not exclusively vegetable, but composed of animal and vegetable substances.

23. To remind the municipal authorities of the principal duties prescribed by law with regard to food and drinks.

24. To warn the people, by every possible means of publicity,

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\* *Viandes faisandées* are the words of the original which I have translated *dried meats*. They mean meats which have been kept until they have acquired a taste of venison; or as an American would say, until they have become tainted, and would no longer require the practiced nose of an inspector to condemn them as articles of food.



that an improper regimen and acts of intemperance frequently provoke the development of the epidemic cholera, and that the use of indigestible food, excess in eating and drinking, the abuse of alcoholic liquors, drunkenness, incontinence, the use of ices and sherbets, the imbibing of very cold draughts, are also so many causes likely to produce the disease.

25. To persuade the people to abstain from the use of any remedy whatever, preservative or curative, without the advice and consent of a physician.

*To make every preparation in advance for medical treatment.*

26. Not to establish on the continental frontiers either *cordons* of health, or pest houses, or quarantines, for the purpose of preventing the invasion of the cholera, experience having shown that these means are more productive of inconvenience than of benefit.

27. Nevertheless if there should be in any of our maritime ports vessels on board of which there are cases of sickness or deaths from the disease, such vessels should not be permitted to have free *intercourse* with the inhabitants, but should be treated as evidently suspicious, and subjected to a quarantine of twelve days at least.

28. To increase the means of public relief afforded to the indigent sick, and to secure to the poor the means of subsistence; to procure for them clothing, fuel, blankets, and to distribute among them frequently fresh straw for their beds.

29. To establish in every community sanitary commissions for the purpose of observing every thing which concerns the public health. These commissions composed of the burgomaster, of notable inhabitants, of physicians and apothecaries, shall give advice as to the changes and ameliorations of which the localities confided to their superintendence may be susceptible, in order to arrest the progress of the Cholera, and to aid those who may be attacked with the disease.

30. In each division, district or section of cities to establish besides sub-commissions of health, whose business it shall be to examine the streets, public places, markets, public and private institutions, houses, &c., to investigate the causes of insalubrity and to make them known, in order to point out the danger to the inhabitants, persuading them to remedy these causes as much as possible, under the direction of the authorities. To these commissions might be granted all the powers which may be thought useful for the improvement of the condition of the poor and of the public health: they should correspond with the central sanitary commissions and the authorities of the community

to which they belong, and should be composed of the curate or vicar of the parish, of three notables, the head of the poor establishment, or a member of the Society of Benevolence, of a physician, a surgeon and an apothecary.

31. To persuade the heads of the poor, the members of benevolent Societies, the ecclesiastics of the parishes, and all charitable persons who have influence with the wretched and less enlightened portion of the population, to visit indigent families in order to make them feel that a want of cleanliness, humidity, crowding, want of air, of ventilation, and of solar light in their habitations and of suitable clothing, intemperance, prolonged exposure to the inclemency of the weather, excesses of every kind, especially drunkenness, favor the development of the disease and aggravate its effects. They should endeavor to prevent many patients from lying together, or being confined in a locality too small, or containing other individuals in good health.

32. To increase the number of physicians of the poor or of charity, so that all the sick without distinction may be visited and relieved without delay.

33. In each division of populous cities and in all the communities, to establish, under the direction of the Sanitary Commission, offices of relief, to which shall be attached two physicians at least, so that they may relieve each other when occasion may require, and that there may be always one in waiting, day and night, ready to give advice and attention to such as may present themselves for that purpose.

34 These offices of relief should be provided :

1st. With a covered litter furnished with a matress, with blankets and every thing necessary for the transportation of the sick ; 2<sup>nd</sup>, with a medicine chest ; 3<sup>rd</sup>, with utensils indispensable for the use and administration of the first remedies.

35. As the disease, from the time it has entered a house is not only formidable to those whom it has attacked, but threatens also the inmates who may be in good health, one of the principal means to be employed for the protection of the latter, is to cause them to remove, by procuring for them salubrious dwellings, remote from the *foci* of infection.

36. When the sick belong to the indigent class they should be prevailed on by persuasion to suffer themselves to be transported immediately to some of the hospitals destined for Cholera patients.

38.\* It is indispensable that temporary Hospitals, well organized, should be established, combining every thing requisite

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\* I suppose 37 is omitted as not applicable. I give the numbers as I find them.

for the treatment and cure of the sick, and the preservative of other individuals.

39. These asylums, opened by public benevolence to afflicted humanity, should not only receive gratuitously all the indigent who may be attacked with the disease, of whatever country they may be, but moreover every person who may demand to be admitted on paying so much for every day that he may remain.

40. These temporary hospitals should be furnished with whatever is indispensable for the medical service, and should have their directors, their physicians, their resident students, apothecaries and stewards.

41. In each city or community there should be at least one of these hospitals for every one hundred thousand inhabitants.

42. They should be on dry ground, in the most elevated or exposed situations, well ventilated, remote from the evaporation of rivers, ponds, marshes, sewers and ditches, and in cities near the districts inhabited by the poor, upon whom particularly the scourge exerts its ravages.

43. It would be better to increase these temporary hospitals than to diminish their number by giving each of them too great extent; the air of these large hospitals, the wards of which contain many sick, is the chief obstacle to their cure.

44. In cholera hospitals three divisions should be established: one for those who are suspected of having the disease, another for confirmed cases, and the third for convalescents.

45. If these temporary hospitals do not admit of the divisions just mentioned, houses of refuge or of health should be established near them, for those who are suspected of having the disease, and houses destined for the reception of convalescents.

46. To enjoin upon the Commissaries of the police and other officers to keep a Register of every event relating to the public health, which they should communicate daily to the Sanitary Commission of the place.

47. To request the proprietors and principal tenants of houses, hotel and innkeepers, lodgers, and all those who keep furnished apartments, to make known with as little delay as possible, to the nearest office of relief, all that relates to the Cholera.

48. When a sick person is in a condition to receive immediately the necessary relief, the director of the office should send him a physician without delay. After the administration of the first remedies, he should be removed to the nearest temporary hospital, if the patient or his friends consent.

49. To cause to be washed, bleached or disinfected, the litter,



linen and clothing which have been used by Cholera patients, before permitting them to be used by healthy persons.

50. The bodies of those who have died of the disease after having been sprinkled with chloride of lime, should be removed as soon as the death has been clearly ascertained, so that they may be immediately transported in carriages well covered, to the place destined for their interment.

51. The bodies should be interred in the ordinary cemeteries, or in some place set apart for that purpose, remote from habitations, never in churches, or chapels, or gardens, or private houses, and should be buried in ditches of a meter and a half in depth, without waiting, as the custom is, until other bodies have arrived.

52. To prohibit the exposure of the bodies of Cholera patients in the churches, where they might greatly prejudice the health of those who assist at the religious ceremonies.

53. To transport bodies to the cemetery during the night, before the rising or after the setting of the sun, without noise, without the ringing of bells, and without religious parade, from which it would also be well to abstain in going to administer the sacraments to the sick.

54. During the continuance of the epidemic the sounding of the agony or of the funeral knell should be forbidden; at the same time, as numerous assemblages are much to be feared, they should also be avoided.

55. In short, to persuade the public, particularly the common people, to call physicians to their assistance, as soon as the first symptoms of the disease manifest themselves. M.

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*Does Calomel really Expel the Biliary Secretion?* By Dr. MICHEA.—(London Lancet.)

Dr. Michea has published, in *L'Union Médicale*, a very interesting paper on the above question. The author's object was to ascertain, by chemical analysis, whether the green colour which purgative doses of the chloride of mercury give to the alvine dejections (besides rendering the latter more copious and less dense) is really owing to a superabundant secretion of bile. Opinions, says Dr. Michea, are not agreed on this point either in France, Germany, or England. Mr. Higgins (who published his paper in *L'Union Médicale*) and M. Mialhe consider that calomel really excites the biliary secretion. MM. Trousseau and Pidoux, authors of an esteemed work on *materia medica*, express their doubts on the point. Actual experiments have been made by Dr. Franz Simon, Dr. Golding Bird, and

M. Siebert. The first of these inquirers found, after large doses of calomel, a great quantity of bile and biliverdine; the second discovered only a few traces with a hydrocephalic child taking mercury, and the third maintains that the alvine dejections following the use of this metal present no trace whatsoever of bile. The green stools resulting from the use of the Carlsbad and Marienbad waters are, on the other hand, denied by M. Kerstin, of Freiberg, to contain any trace of bile, and that physician thinks the colour to be due to green sulphuret of iron, by the reduction, in the stomach and intestines, of the sulphate of soda contained in mineral waters, into a sulphuret, which subsequently combines with the iron likewise to be found in these waters. This theory is founded upon the fact, that hydrochloric acid removes the green colour of the fæces, and evolves a large amount of sulphuretted hydrogen. Dr. Golding Bird and Professor Schönlein are of opinion that the green colour given to alvine dejections by calomel is due, not to an excess of bile, but to an alteration of the hæmatosine. Startled by these dissimilar statements, Dr. Michea began a series of chemical analyses upon—1, the spontaneous alvine dejections of healthy men; 2, the same substance, of a more or less green colour, from men affected with gastro-intestinal inflammation; 3, the same, resulting from various doses of calomel; and 4, evacuations produced by neutral salts and resinous purgatives. The author prefers for his tests, the strong nitric acid of Dumas to the sulphuric acid and syrup of Pettenkoffer. The spontaneous alvine dejections of six healthy individuals, four adults and three children, were examined; their filtered solution remained unaltered by nitric acid. The evacuations of three patients affected with gastro-intestinal derangement were examined, and much bile was found in one case only. When the vomiting had subsided, the bile disappeared from the dejections. Calomel given to eight persons, five men and three women, in doses varying from twelve to fifteen grains, produced green stools in four patients only. These being analyzed, it was found that they contained a superabundance of bile, and that, with nitric acid, two principles of that secretion might be made manifest,—viz., biliverdine and albumen. The evacuations of two of these subjects gave, not a pure green by nitric acid, as this reagent will generally produce on biliverdine, but a dirty olive, (on this Dr. Michea grounds his belief, that he found bile, and not biliverdine alone;) this olive colour, however, assumed the same successive shades of purple, red, and yellow, which biliverdine will yield. In the two other instances, the nitric acid gave a drab or yellowish-red colour, almost without any subsequent shades. The author puts the question, whether this

might not have been the bilifulvine of Mülder. The evacuations of five persons who took neutral salts and resinous purgatives were never green, and exhibited no albumen on the addition of either by nitric acid or heat, whereas the albumen, as shown by a plentiful precipitate, was abundant with the four patients using calomel. This albumen was, according to Dr. Michea, furnished by the bile. These experiments would, then, tend to elucidate the practice.—First of English physicians, who regard calomel as a specific in liver affections; secondly, of Dr Schönlein, in typhus, who looks for green evacuations by fifteen-grain doses of the chloride of mercury; and thirdly, of Russian practitioners, who consider calomel the most efficient agent against cholera. Modern organic chemists look upon bile as partly of an excrementitious nature, and that the liver as well as the lungs removes from venous blood substances which have become unfit for assimilation, (the resin and fat to be found in the bile containing much carbon and hydrogen.) The more plentiful, therefore, the secretion of bile, the purer the blood. Thus it becomes clear how calomel may act beneficially in miasmatic contaminations, in typhus and cholera. We subjoin Dr. Michea's conclusions:—

1. Calomel acts in a special and direct manner on the liver: this salt occasions alvine evacuations of a peculiar colour, due to an excess of actual bile, as shown by the action of nitric acid, which points to the presence of its colouring matter (biliverdine) by change of colouration, and of its albumen by precipitating the latter.

2. This influence of calomel upon the biliary secretion is not constant. It varies according to certain conditions and circumstances.

3. The green evacuations produced by calomel are more frequent with men than women. (This the author supposes to be owing to the greater quantity of alkaline chlorides generated in the stomachs of men, which chlorides, according to Mialhe, would contribute to transform the chloride of mercury into a bichloride.)

4. These evacuations have a peculiar consistence—viz., a viscous liquidity, somewhat like oil, or white of eggs beaten up together.

5. In some affections of the intestinal canal, an excess of bile, to be detected by reagents, may be found in the evacuations.

6. Spontaneous alvine evacuations in healthy people are quite free from an excess of bile.

7. Neutral salts and resinous purgatives exercise no direct or special influence on the liver. The alvine dejections which they produce contain no excess of bile, remaining unaltered by nitric acid or heat.



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*On the Sound of Circulation.* By G. G. WHITE, Esq., of Newport, U. S.—(Ibid.)

An interesting article which appeared in a recent number of the *Lancet*, from the pen of James Yearsley, Esq., revealing a new remedy for deafness, induces me to communicate to your columns a discovery which I made, some time ago, of the sound of circulation, the result of which affords, I think, an explanation of the causes of numerous cases of defective hearing.

By inserting the ends of the fingers within the ears, or by covering them with the hands, or any other part of the person, we detect a rumbling sound; this sound proceeds from circulation throughout the system, and is conducted to the hearing through the fingers or the part applied. If another person places his hands over our ears, we hear the circulation coursing through his body. Other noises are excluded, and the sound of circulation is carried with full force to the tympanum. If a lifeless body is applied there, no sound is produced; so that it may be determined by a reference to the organ of hearing when the blood ceases to flow, and life becomes extinct. By holding any conducting, though lifeless, object to the ear, we may get the sound slightly, but it will proceed from the hand or from the living body which supports it there. This may be simply tested. By turning the head upon one side and standing a cork within the ear, no rumbling will be heard, except, perhaps, a very faint one, produced by its contact with the portion of the orifice where there is a vein, from which it is conducted; but by applying the fingers to the cork, and pinching it, the sound is increased to an extent which will leave no doubt as to its source.

In most cases of deafness, the patients complain of an incessant buzzing or rumbling. Now it is evident that all sound must come to the ear, as sight does to the eye, externally; and if the orifice of the ear be not rightly formed—if it be a little sprung, or swells, or projects into its own channel, it must convey this rumbling sound, in the same manner as will the fingers or any other part of the person; and it must, according to the extent of the deformity or projection, shut out other sounds and communicate its own. The same rumbling is sometimes produced in gaping; oftener, however, when the gaping organs act with the mouth closed; also, to a slight extent in swallowing. The action projects a portion of the sides of the orifice of the ear into its own funnel, which conducts the sound. I can, at any time, produce the buzzing in my own person, by a contraction of muscles in the region of the ear. mis-shaping

thereby its channel to the drum. It will be readily understood that wax may produce, in some measure, the same rumbling, by its contact with the orifice, or a part of its lining, from which it may communicate the sound of circulation, at the same time closing the channel to other sounds.

If this theory of deafness and of rumbling, from defective construction of orifice, be true, (and I have no doubt it is,) could not a shaping frame be made to remedy it? Is there no way of correcting the form of the channel to the tympanum?

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*A Case of Cholera in which Chloroform was successfully given internally.* By R. S. STROTHER, M. D., of Bardstown, Ky. (Western Journ. of Med. and Surgery.)

On a recent trip to New Orleans, I had an opportunity of trying chloroform in cholera. The vessel on which I returned had fifteen or eighteen cases of the disease on board, of which seven terminated fatally. In the spasmodic stage large doses of opium, morphia and musk were used, but without saving a solitary case.

The next case that offered itself was that of a negro man, who was seized with profuse diarrhœa. This was checked by opiates, and for thirty-six hours he took no medicine. At the expiration of this time I was called in haste to see him. The diarrhea had returned; he was vomiting incessantly, and his cramps were violent, affecting the muscles of his arms, legs, and abdomen. He was in great agony, and apparently in a hopeless condition. I at once gave him a hundred drops of chloroform in a little sweetened water, the effect of which was to arrest the vomiting; he vomited but once after taking it, and in fifteen minutes every symptom of the disease had disappeared. His rapidly declining pulse returned, his extremities grew warm, and he remained in a half-intoxicated state, perfectly free from pain, and with pleasant sensations, for six hours, which interval I seized for the administration of other appropriate remedies. I left the patient convalescent, and apparently out of danger.

The other cases by being taken in time, were cured by the usual remedies. Had they advanced to the stage in which I found this man, I should have given chloroform, for the purpose of suspending the disease and gaining time. As an antispasmodic, it is unquestionably the most efficient article known to the physician, and, I am persuaded, not more dangerous than the preparations of opium.

*Is the Cholera Contagious?*—Extract from an article on this subject in the *Annalist*.

To make this subject of contagion more clear, let me in conclusion place in juxtaposition the well known and acknowledged characteristics of contagious diseases and cholera.

1st. All diseases indisputably contagious, have a regular period of incubation or interval between the time of exposure and the accession of the disease.

2d. Owing to the first characteristic, contagious diseases always spread slowly at first, and are easily traceable from the sick to their attendants and others more or less directly in contact with them.

3d. In all contagious diseases, an approximation to the bodies or clothing of the sick, is essential to the communication of the poison.

4th. The most contagious diseases known, may be limited in extent by rigid quarantine and non-intercourse regulations.

5th. Contagious diseases are propagated as readily in the country as in the city, in mountains as in valleys, in the housetop as in the basement, and during the extreme cold of winter as well as heat of summer.

Now, I would ask in all seriousness, by what rule of logic, or what principle of scientific induction, two diseases, whose prominent characteristics stand in such marked contrast with each other, can be ranked together in the same category? Certainly in no other way than by reasoning on the most loose and vague generalities.

1st. The cholera exhibits no such period; individuals being often attacked within a few hours after entering the pestilential district.

2d. Cholera often appears in several parts of a city suddenly, and so nearly simultaneous, that no connection whatever can be traced from one to another. So true is this that the epidemic is often at its height in five or six days from its commencement.

3d. In cholera seasons no such approximation is necessary, the most secluded individuals being often attacked, while those in daily and hourly contact with the dead and dying are unaffected.

4th. Cholera has uniformly set at naught all cordons sanitaires, even though enforced by the rigorous arm of despotic power.

5th. The cholera chiefly confines itself to the lowest, dampest and dirtiest situations, very seldom ascends mountains, or prevails in rural districts; and never spreads during the extreme cold of winter.

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*Dislocation of the Pelvis.* (Prov. Med. and Surg. Journ., and Ranking's Abstract.)

In the sixth volume of the 'Abstract,' p. 77, an article is introduced on "Separation of the Sacro-Iliac Symphysis, by M.



Kluyskens ; the following notice "On Dislocation of the Pelvis" has subsequently appeared in several of the journals :

M. Murville, in a memoir presented to the French Academy of Medicine, on luxations of the pelvic bones, relates the two following very remarkable examples of this accident. The first was the case of an officer, who fell from a second-floor window, and lighted on the tubera ischii. The sacrum was displaced downwards by the weight of the body. On examination, the crests of the ilia were found to be almost touching the false ribs; the os coccygis, much shattered, projected considerably below. The patient complained of great pain in the sacro-iliac symphysis, with paralysis of the bladder and rectum, small pulse, and other signs of collapse. He was restored somewhat by stimulants, and when reaction was fully established, he was treated antiphlogistically, the displaced bones being maintained as motionless as possible. No attempt at reduction was considered advisable. This treatment was marvellously successful; not only did the patient survive, but the paralysis diminished, and in ten days the patient was able to walk with difficulty.

The second case is unique. An officer, during a review, was run away with, the horse, at the same time, plunging violently; in one of the plunges he was thrown considerably from his saddle, upon which he descended again with such force as to lacerate the left side of the pelvic arch, without injuring the skin. A second plunge of the animal added to the mischief, completely rupturing the ligaments of the symphysis pubis. When examined, a large inguinal hernia was discovered on the left side, and in the perineum a tumour projected as large as the fist, which could be pushed upwards into the pelvis. The symphysis pubis was separated to an extent which allowed the hand to be insinuated between the ossa pubis. The hernia was reduced, and the bones kept in apposition by bandages, and in three months the patient was able to walk. M. Murville, upon this case, founded some remarks upon the feasibility of the operation of division of the symphysis in labour. In a discussion which ensued, M. Malgaigne doubted that it was a case of simple dislocation, thinking it probable that there was also fracture.

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*Cholera in Nashville—relation to Limestone.*—(Western Jour. of Medicine and Surgery.)

We have just received a letter from Dr. H. B. Walton, of Nashville, giving some interesting particulars in relation to the appearance of cholera in that city. He states that the pestilence

first appeared there about two months since, and that the average mortality from it had been about two a day. "The weather for the greater part of the time has been warm and wet. But," he adds, "the point to which I wish particularly to call your attention is the predilection of the disease for a certain quarter of the city. It has prevailed almost exclusively about a particular locality. At first, this appeared inexplicable; but since reading the remarks of Dr. Jackson on the connection between cholera and limestone regions, I have supposed that the cause was revealed. A large portion of the city of Nashville is supplied with water from the Cumberland; citizens in other parts use water from springs and wells which, of course, is largely impregnated with carbonate of lime. It is to the latter, with scarcely an exception, that cholera has been confined. Two cases presented themselves which, at first, I supposed, were exceptions to the rule. One was a lady, who resided in that portion of the city where hydrant water is used; the other was a negro man living in the same quarter; but, on inquiry, I learned that the former used water from a spring in the cellar of her dwelling, and that the latter had been laboring in the vicinity of a spring from which he obtained all the water that he drank.

"A large majority of the more aggravated cases have occurred in a small neighborhood, in the vicinity of a spring more highly charged with lime than any other in the city. Whether it is to the use of this water, or to some other cause, that the disease has prevailed in this locality while the city has been exempt from it, is a question not to be determined without farther observation. But the fact is instructive, and, as bearing upon the local origin of cholera, I have deemed it worthy of being recorded."

It may be interesting to remark, in reference to the suggestion of Dr. Walton, that *cholera infantum* has prevailed with much less severity in Nashville since the introduction of hydrant water, as we were assured by physicians there some years ago. Nevertheless, we are not prepared to give our assent to the doctrine that cholera is produced by drinking limestone water. That it manifested a preference for limestone districts, in its former visit to our country, we had occasion to remark two years since, when speaking of the bearing of geology upon disease; but it does not follow that the water had any connection with it. We attempted to show that it was particularly in regions where the older, or blue limestone is the surface rock, that the pestilence was most fatal. But this is not more soluble than the other limestones. The water at Louisville is as highly charged with the grey limestone, as the water at Lexington is with the blue. In Louisville, the epidemic at its height carried

off seven a day, in a population of 20,000; in Lexington, in a population of 5,000, sixty persons died in one day. At New Orleans, where there is no limestone, the disease was excessively destructive. At Cincinnati, Maysville, Lexington, and Versailles, all on the blue limestone, its mortality was great. At Nashville, again, at Murfreesborough, Shelbyville, and Pulaski, it appeared in a malignant form, and they are all upon this rock. A few miles south of the latter places, the formation changes, and the epidemic was heard of no where beyond them. These facts are curious. They seem to show a relation between cholera and our geological formations; but they do not reveal the cause of the pestilence.

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### PART III.

## Monthly Periscope

*Presence of Sugar in the Liver.*—MM. Bernard and Barreswill have demonstrated the presence of a notable quantity of sugar in the liver both of man and animals. By fermentation they obtained alcohol from this sugar, a sample of which M. Pelouze exhibited to the Academy. Hitherto no means had been ascertained of obtaining from the liver other than a kind of molasses charged with salts, the sugar of which was uncrystalized. Repeated experiments have enabled MM. Bernard and Barreswill to establish the fact that the sugar, which exists in considerable proportion in the tissue of the liver, is not found in a normal state in any other organ, and that consequently the liver is, on this account, chemically distinguishable from all the other organs of the animal economy. They have satisfied themselves that the liver always contains the same large proportion of sugar, even in animals completely deprived of food containing either sugar or starch, and kept for a long time exclusively on animal diet. They conclude that the existence of sugar in the liver is a physiological fact completely independent of the kind of food taken.—[*London Med. Gazette.*]

*New Method of Detecting the Presence of Sugar in the Blood.*—If a small quantity of diabetic serum is placed in a glass tube, with an equal quantity of a solution of tartrate of copper, and liquor potassæ, which last is of a blue colour, and the mixture be cautiously boiled for a few minutes, the presence of sugar is detected by the conversion of the blue into a brick-red colour, with, at the same time, a precipitation of the oxide of copper.—[*Prov. Med. and Surg. Journal, from Annales de Thérapeutique.*]

*Creasote in Mercurial Salivation.* By E. W. FAULCON, M. D., of Warren county, N. C.—“Two days ago, while looking over the last edition of ‘Watson’s Practice of Physic,’ on the subject of ‘Mercury



in Inflammation,' I recalled to memory a case that came under my observation six years ago, while I resided in another section of this State. It was one of severe salivation from the use of this mineral in remittent bilious fever.

"I suggested to the attending physician of the patient the following gargle: creasote 3ss., sage tea one pint. To be used every hour during that day, and its effects accurately noted. In thirty minutes after its first application, he felt a sharp tingling sensation along the angles of both jaws, and a slight convulsive motion in the muscles of the lower jaw. Shortly after the appearance of this last sensation, there was a marked relaxation of all the muscles of the face, and he expressed himself as feeling better (locally) than he had done for many days. In the evening there was a very great decline of the salivary discharge, and a great improvement in the appearance of the mucous membrane of the mouth and palatine region, which, prior to its application, wore that aspect so indicative of a near approach to sloughing. 29th.—Improving; discontinue creasote, but add to the strength of the sage tea. 30th.—So much improved as to require no further local treatment. Directed that the bowels be kept soluble by the use of mush and milk as diet, and occasionally aperient doses of the phosphate of soda. In a few days thereafter, he was 'dismissed cured,' or in other words, to receive no more visits from his physician."

[Wood's Retrospect.

*Nitrate of Potass in Rheumatism.*—Prof. C. R. Gilman reports the following facts:

CASE 1. A. B., a female, aged 48, had been under treatment for upwards of six months; has taken vin. sem. colchici, Tr. actææ racemosæ, and various other remedies, without marked effect. The nitrate was given in 3ss. doses twice a day for two days, then 3i. was given, and the patient began to improve; the dose was continued nearly three weeks, when she was discharged cured.

CASE 2. C. D., a girl, aged 19, has suffered for months from sub-acute rheumatism. The remedies given to No. 1 were faithfully tried, and also *Hyd. Potass. with Extr. Hyosciami*. The nitrate was used in 3i. doses, and produced similar results as in No. 1.

"CASE 3. E. F., a man, aged 40, admitted with sub-acute rheumatism; treated with colchicum, guaiac, &c. The nitrate was given in two drachm doses. He was entirely relieved when he had taken but two ounces."—[Annalist.

*Polydipsia cured by Camphor.* By M. RAYER.—The following case is curious, if not instructive. A healthy woman of 35 was awakened in the night by an earnest desire to drink. Having done so copiously, she was soon again awakened by a repetition of the desire to urinate and drink. This went on until the patient came to drink six pails of water a day, without quenching her thirst, and to urinate in the same proportion. She had headache, loss of appetite, dyspepsia, and emaciation. The specific gravity of the urine, not greater than that of

distilled water, excluded all idea of diabetes. She was put on the use of camphor in pills, and allowed light aliment. In a few days the thirst sensibly diminished, and in a few weeks she was cured. On leaving off her pills some time afterwards, the symptoms threatened to return.—[*Annales de Thérap.*, from *Wood's Retrospect*.]

*Consumption cured by Digitalis.* By D. K. FAURE.—[This heading will attract great attention and inspire not a little interest. Its very rarity gives interest to what follows:]

Many physicians have recommended Tinct. of Digitalis as a means of curing phthisis, and assert their success. M. F. claims two for himself. The dose was first 20 drops a day, adding 10 drops every day, until in one case 200, in another 240 drops were taken. In one it was given 28 days, in the other 30, and was discontinued because of the cessation of the morbid phenomena. Both patients, on commencing the treatment, were confined to bed: the second had cavernous râle, continuous fever, with exacerbations, night sweats, etc. They were well fed, and the tincture caused no inconvenience. One case had lasted four years, and the other six months. It is not said whether there is any return of the disease, and the cases are at least encouraging.

Bayle recommended the Tinct. of Digitalis on the authority of Maginnis, who spoke of it in 1799. His success was astonishing, although B. says his memoir bears the evidence of authenticity and good faith. Many of the details are ample, and B. advises a trial of the remedy.—[*Bulletin de Thérap.*, from *Ibid*.]

*Whooping-cough Prescription.* By Dr. HEINRICH.

Tobacco leaves, 4 grammes. (1 drachm 15 grains.)

Angelica root, 12 “

Liquorice “ 15 “

Boiling water, 250 “

Dose—a tea-spoonful every hour to young children; for adults a table-spoonful. The severity of the paroxysms is much abated in two or three days.—[*Russ'n Journ.*, from *Ibid*.]

*Delirium of Fever, Tartar Emetic and Opium in.*—The practice recommended by Dr. Graves, of treating the cerebral excitement of fever by tartar emetic and opium, is highly approved of by Mr. Todd, in an interesting communication on the state of the brain in fever.—[*Lancet*.]

*Naphtha.*—This is another of the many vaunted remedies for cholera, and is said to have been given with great effect in the Russian army. The dose is from ten to twenty drops. The dose was seldom required to be repeated.—[*Ranking's Abstract*.]

*Case of Neuralgia.*—*Local Anæsthesia.*—Dr. Hays stated, that he had employed the chloroform to produce local anæsthesia with apparently the most happy effects, in a case of neuralgia, occurring in a

gentleman fifty years of age, who had been for a long time a sufferer from neuralgia of the foot, in which all the remedies that had been previously employed failed to produce relief. Dr. H. was called to this patient about eight days since, and found him in intense pain, which had deprived him of sleep the whole of the preceding night. Dr. H. directed the affected parts to be enveloped with a pledget of lint or a few folds of muslin wet with chloroform, and the whole to be covered with a portion of oiled silk to prevent evaporation; on the next morning he found him entirely free from pain, which has not since returned. Whether the relief experienced in this case is to be ascribed to the local anæsthesia produced by the chloroform, or is to be considered as a mere coincidence, Dr. H. does not pretend to decide. [New York Journ. of Med.

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*On the Treatment of Scabies.* By G. CORFE, Esq.—Mr. Corfe states that he rigorously pursues the following plan with a patient affected with itch:

We provide him with old soiled linen and a worn out sheet; and each morning and evening he is ordered to make a good lather of yellow soap in his hands, and thus dip them wet into a basin of sifted or fine sand, and assiduously rub every part of the body on which the slightest trace of a vesicle exists. Having performed this ablution until the skin tingles smartly, he wipes himself dry, and then rubs the common ung. sulphuris firmly into the itchy parts. He is then enveloped in the winding sheet, and has a pair of old gloves on his hands, and he is left till night, when the same operation is pursued, and repeated daily until the fourth day, when he is ordered to indulge (and a great indulgence it is) in a warm bath, where he again lathers his body in plain soap and water, puts on fresh linen, and is provided with clean sheets, and the cure is from thence invariably effected. The vesicle of course is broken by the friction of the sand and soap; the acarus is exposed, and this ectozoon receives his death-blow by the inunction of the sulphur, which is oftentimes not accomplished by the mere application of sulphur ointment alone. The use of sand-soap balls is more elegant, though not more efficacious.—[Med. Times.

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*Treatment of Lupus.*—In the "Revue Méd. Chirurgicale," M. Emery publishes the results of his experience in this disease. He has found that no treatment, whether internal or external, possesses the efficacy of cod-liver oil in large doses. The quantity of this medicine exhibited by M. Emery will doubtless astonish our readers. It is in doses from sixteen to thirty-two ounces daily that it should be used. With every deference to the learned physician of the Hôpital St. Louis, we must say that few patients will be able to keep on their stomachs such exaggerated quantities of a particularly nauseous medicine, and that, even if they succeeded in not rejecting it, it is questionable if anything like that amount can possibly be absorbed, oily substances being generally changed within the stomach into insoluble adipoceros compounds. M. Emery states, however, that, having had



occasion to treat seventy-two cases of confirmed lupus, twenty-eight were completely cured by a persevering use of this medicine.—[*Med. Times*.

*New Adhesive Mixture*.—Dr. Sanborn of Andover, Mass., has made a new adhesive preparation that is likely to prove a prominent rival to the collodion. Gutta percha is dissolved in chloroform, having about the consistency of melted glue. It is applied with a brush, and meets the decided approval of competent judges. The inventor says that he communicated the discovery of the properties of this combination to one of the Boston papers more than a year ago. The menstruum does not evaporate quite so rapidly as ether, consequently the gutta percha adhesive fluid is rather more economical than the collodion, which rapidly disappears, after removing the cork.—[*Boston Med. and Surg. Journal*.

*Compression of the Carotids in Hæmorrhage after Tonsillotomy*. By M. GENSOUL, of Lyons.—In a case in which death was imminent, M. G. made pressure on both corotids, and particularly on the side whence the blood chiefly issued. The flow ceased. The compression being kept up for half an hour, the bleeding did not recur. Since then, he has always successfully adopted this plan, whenever the hæmorrhage seemed too free, after removing the tonsils. It is applicable to all troublesome hæmorrhages about the face and mouth, epistaxis, and neuralgia of the face.—[*Rev. Med. Chir.*, from *Wood's Retrospect*.

*Lotion for Burns*. By M. THOREL.

Chlorhydric acid, at 20° 50 grammes, 750 grs.

Powder of sulph. sod. 65 “ 975 “

Keep the burned part as much as possible in this liquid, or use it often as a lotion. It is adapted only to burns of the 1st and 2d degrees: causes the inflammation to cease immediately, and prevents the formation of phlyctenæ, or interrupts their development.—[*Jour. des Con.*, from *Ibid*.

*Anthrax treated by Vienna Paste*. By M. JOBERT.—When the patient dreads the knife, M. T. applies on the tumor a long track of Vienna caustic, comprising all the length of its vertical diameter. The caustic is left on for 15m. Pain ceases almost immediately, and the abnormal sensibility diminishes, so that the part may be handled in all parts without suffering on the part of the patient. The patient sleeps tranquilly all the following night. In about nine days the eschar falls and leaves a healthy sore, which soon heals.—*Bulletin de Thérap.*, from *Ibid*.

*Subcutaneous Puncture in Hygroma*. By M. BLANDIN.—The radical cure of these bursal swellings is seriously difficult; simple puncture often fails, for the sac is oftenest multilocular, or may contain coagula, or albuminous bodies. To inject it, it must be opened largely, and excision is dangerous.

The following case illustrates M. B.'s practice: A man had an hygroma in front of the patella, the size of a small egg. M. B. slid in a tenotome to the distance of three finger breadths, entered the cyst and split it from side to side in different directions. He then compressed it with a compress and bandage. It did not recur. The compression must be sustained until the entire absorption of the contents of the tumor.—[*Jour. des Conn.*, from *Ibid.*]

*Local Application of Chloroform in Lumbago.* By M. MOREAU.—Three cases of this disease are detailed in which immediate and permanent relief was obtained by the application to the loins of a piece of lint on which some chloroform had been poured. Oiled silk ought to be laid above the lint, to prevent the evaporation of the chloroform. In a few minutes the patient complains of a burning heat in the part, which becomes red, and occasionally vesicles are formed; at the same time the rheumatic pain disappears. The author thinks that the cure cannot be attributed solely to the counter-irritation, as in one of the cases recorded sinapisms had been previously employed without success. He supposes the chloroform to reach by imbibition the cutaneous and superficial muscular nerves, on which it exerts its anæsthetic power.—[*L'Union Médicale*, from *Ibid.*]

*On the Action of Proto-Sulphate of Iron in the Treatment of Chancre, Gonorrhœa, &c.*—The whole class of caustic agents, when applied to the Hunterian chancre, (though the *potassa fusa cum calce* be used, till the ulcer be "punched out," as recommended by M. Ricord,) form an eschar with pus still secreting; in fact the morbid cells have not been destroyed. The alkaloids and hydro-carbons are equally inefficacious.

If a chancre be perfectly freed from its eschar and the enclosed pus, at the bottom of the excavation may be observed minute white points or germs, secreting, slowly, the morbid virus. If, now, the proto-sulphate of iron, minutely pulverized, be dropped into this excavation, the parts will instantly assume a charred appearance, the metal is absorbed into the tissue, the morbid cells or germs will instantly cease to secrete pus, the cleared cavity will shortly granulate, and a smooth surface, without induration, will be the result of the use of the proto-sulphate of iron. The chancre is destroyed.

It is known to chemists that the proto-sulphate of iron absorbs large volumes of oxygen and nitrous oxide gases.

The proto-sulphate of iron, I have observed to be the most powerful agent for arresting decomposition in animal and vegetable substances. Inflammation and decomposition in the living tissue is likewise arrested by it.

In gonorrhœa, we have now an agent arresting the morbid cellular action in the salts which should be used in solution super-saturated.

In leucorrhœa, and in simple ulcers, the morbid action is arrested or peroxidized by this metallic salt.

Large doses of this salt have been exhibited in obstinate diarrhœa, with great benefit.

The action of this salt will produce a great change in superseding mercury in the treatment of diseases of specific origin.—[*Med. Exam.*

*Ergot in Retention of Urine.*—M. Allier read a communication on the use of ergot in retention of urine. According to him—1st, ergot restored contractility to a bladder which had been paralysed by over-distension; 2d, it has succeeded when other remedies have failed; 3d, it has been equally successful in paralysis of the bladder following apoplexy; 4th, it does not exert any beneficial influence over hemiplegic limbs; 5th, it is useless in retention of urine from enlarged prostate; 6th, the medicine must be given in repeated small doses; but it may amount to a drachm and a half per diem.

[A case illustrative of the good effects of the ergot in retention of urine is related by Dr. Jeffreys, of Liverpool (now of Shrewsbury), in the 'Provincial Journal,' for 1844, p. 44. Dr. Ross, of Cambusmore, in the county of Sutherland, reports a similar case; see 'London and Edinburgh Monthly Journal,' for January, 1844, and 'Provincial Medical Journal,' vol. vii., p. 378. See also Johnson's *Medico-Chirurgical Review*, for July and October, 1839.]—*Prov. Med. and Surg. Journ.*, from *Ranking's Abstract*.

*Liquor Potassæ in Strangury*—Dr. Mulock states that, in three cases of strangury from blistering with cantharides, he found speedy relief from liquor potassæ, in thirty-drop doses every hour. He was led to the use of this preparation from its known effects in relieving irritation of the bladder in other cases. He thinks it may prove an antidote for cantharides taken internally, and suggests that a trial should be made when an occasion offers.—[*Dublin Quarterly Jour.*

*Collodion for Carious Teeth.*—A piece of fine cotton, thoroughly soaked in the transparent fluid, and then inserted into the hollow of the tooth, previously cleansed and dried, has been followed by complete relief to the toothache, and has maintained its position for several weeks.—[*Amer. Jour. Med. Sciences.*

*Compliment to Professor Wood, in Ranking's Abstract.*—Among the newly published works which have reached us for notice in the present Report, we would make particular mention of a 'Treatise on the Practice of Medicine,' 2 vol. 8vo., by Professor Wood, of Philadelphia, as a production of no ordinary merit. It may be safely stated to be, for comprehensiveness and careful digest of matter, second only to the herculean labours of Dr. Copland, and has the advantage, not always perceptible in similar works, of being brought up strictly to the knowledge of the day. It must not, however, be looked upon solely as a compilation, for although, as must of necessity be the case, it is a digest of the opinions of the most reputable authorities, it is also enriched by the record of the actual experience of a physician whose opportunities of observation have extended over a period of thirty years, and who enjoys the reputation of being one of the most skilful and scientific practitioners of our sister country.—[*Ranking's Abstract*.



## MEDICAL INTELLIGENCE.

THE GRADUATES OF THE MEDICAL COLLEGE OF GEORGIA—SESSION 1848-9.

The Degree of Doctor of Medicine was conferred on the gentlemen named below on the 20th of March. The graduates were addressed by Prof. LE CONTE, M. D., of Franklin College, in a most eloquent and appropriate Lecture, which we propose to publish in our next No.

Attending the course just closed were one hundred and thirty-three students, of whom 100 were from Georgia, 18 from South Carolina, 12 from Alabama, 1 from Texas, 1 from Virginia, and 1 from New York.

The Faculty reported the following gentlemen as having complied with all the requisitions of the College, and undergone satisfactory examinations, viz:

S. L. RICHARDSON, Alabama.	G. W. HOLMES, Georgia.
L. B. McCONN, Georgia.	J. F. ALEXANDER, Georgia.
W. C. WARE, South Carolina.	G. W. FORT, Georgia.
J. F. GROVES, Georgia.	H. R. PIERCE, Georgia.
D. C. O'KEEFFE, South Carolina.	J. L. WATKINS, Alabama.
A. M. COX, South Carolina.	J. C. CALHOUN, Georgia.
JAMES McMICHAEL, Georgia.	E. C. JONES, Georgia.
R. F. SEAY, Georgia.	W. H. MONTAGUE, South Carolina.
WALDEMAR MOODY, Georgia.	W. B. JOHNSON, Georgia.
J. A. G. REEVES, Georgia.	O. H. PAULL, Georgia.
W. M. PITTS, Alabama.	A. D. SHEWMAKE, Georgia.
J. F. DICKINSON, Georgia.	B. F. HALL, Georgia.
JASPER BROWNE, South Carolina.	T. C. GLOVER, Georgia.
J. C. LANIER, South Carolina.	R. H. ETHERIDGE, Georgia.
PETERFIELD TRENT, Virginia.	C. C. THOMAS, Georgia.
G. W. DARDEEN, Georgia.	EDWARD GIRARDEY, Georgia.
S. C. TATOM, Georgia.	G. A. WILLIAMS, Alabama.
G. W. MITCHELL, South Carolina.	J. M. BUNCH, Georgia.

*The Meeting of the Profession in Convention, at Macon.*—We give place, with much pleasure, to the following communication on this subject—rejoicing too to learn from other sources, that a more harmonious and profitable meeting for our time-honored profession, has never been held any where:

MACON, March 22d, 1849.

Dear Sir,—I have the honor to notify you of the official action of the late meeting of the Medical Convention and Society, held in this city. In pursuance of the call emanating from the Medical College of Georgia, and concurred in by the Georgia Medical Society of Savannah and Macon, the Convention assembled at 10 o'clock, on the morning of the 20th. About eighty Delegates were present.

For the purpose of preliminary organization, Dr. THOS. HOXEY, of Columbus, was called to the Chair, and Dr. L. W. BURNEY, of Monroe county, requested to act as Secretary.

On motion, a committee of one from each County represented was appointed by the Chair, to select permanent officers for the Convention.

The Committee reported the following names:—For President, Dr. LEWIS D. FORD, of Augusta; for 1st Vice-President, Dr. R. D. ARNOLD, of Savannah; for 2d Vice-President, Dr. THOMAS R. LAMAR, of Macon; for Secretary, Dr. JAMES M. GREEN, of Macon; for Assistant Secretary, Dr. C. T. QUINTARD, of Macon.

The Convention being thus organised, on motion, the President designated the following gentlemen a Committee to draft a Constitution and By-Laws:—Drs. R. D. Arnold, J. M. Green, Thos. Hoxey, Chas. West, Hugh J. Ogilby, R. Q. Dickinson, James M. Gordon.

After some discussion and modification, the Constitution and By-Laws were unanimously adopted. The Convention then resolved itself into "The Medical Society of the State of Georgia."

The first business in order being the election of officers, a ballot was ordered, and the following gentlemen were declared duly elected:—President, Dr. Lewis D. Ford; 1st Vice-President, Dr. R. D. Arnold; 2d Vice-President, Dr. Thos. R. Lamar; Corresponding Secretary, Dr. James M. Green; Recording Secretary, Dr. C. T. Quintard.

The Society then proceeded to ballot for Delegates to the "American Medical Association." On counting the votes, it appeared that the following gentlemen were elected, viz: Drs. Thos. Hoxey, T. F. Green, H. S. Ogilby, E. L. Strohecker, Robert Campbell, I. E. Dupree, W. B. Stevens.

The following Committee was appointed to memorialize the Legislature, on the necessity of instituting a regular registration of marriages, births and deaths: Drs. Arnold, Strohecker, Ogilby, Geo. A. Winn, G. F. Cooper.

A Resolution was introduced and adopted, that a Committee of one from each congressional district, of which the President of the Society shall be chairman, be appointed to address the Profession at large on the expediency of forming auxiliary societies, and other matters. The President appointed the following: Drs. L. D. Ford, Thos. Stewardson, Chas. West, E. F. Knott, W. P. Beasley, Wm. N. King, W. L. Jones, Asbury Kingman.

The following named gentlemen were appointed a Committee to make proper arrangements for the next annual meeting of the Society:—Drs. J. B. Wiley, Jos. LeConte, Chas. Thompson, J. C. Gilbert, C. B. Nottingham—all of Macon.

A Resolution was passed, that the next annual meeting of the Society take place in the City of Macon, on the 2d Tuesday in April, 1850.

The Convention adjourned at 1 o'clock, P. M., on the 21st.

The Recording Secretary will, at his earliest opportunity, furnish you with a copy of the proceedings of the Convention and Society.

Very respectfully,

JAMES M. GREEN, M. D.,

Cor. Sec'y Med. Soc. of Ga.

To PAUL F. EYE, M. D.,

Editor of *Sn. Med. & Surg. Journal*.

A SUIT FOR MAL-PRACTICE—(*Furnished by a medical friend unconnected with the parties.*) The following is a report of the suit of SIDNEY LANIER vs. Dr. CHAS. THOMPSON, for alledged mal-practice in the treatment of an injury of the forearm, near the wrist-joint, whereby great deformity and loss of motion have ensued. The amount of damage claimed was \$10,000. The jury returned a verdict for the plaintiff, with one dollar damage. The case was tried before Judge FLOYD, at the January term of the Superior Court of Bibb County, 1849.

*Sterling Lanier*, sworn. Called defendant to attend his son; went with him to and saw him take charge of son; cannot state the exact time, but thinks it was in January, 1847. Defendant said the arm was fractured. Thinks defendant pursued the usual course. The accident happened in the country; plaintiff's arm had bandages on when he returned; defendant took them off and pro-

cured an apparatus\* from Mrs. Wood. Thinks it was about two or three hours after the accident that defendant saw the case; can't state the exact time.

(Cross examined.) Thinks the accident occurred in January, but cannot state the exact time. Plaintiff went to ride after dinner, and returned before night. When plaintiff returned, his arm had splints on: plaintiff stated that Mr. Basset had put them on: don't know that they were well placed; don't know anatomy. The arm was not much swollen then: it swelled afterwards. Instrument shown looks like that used by defendant, but not exactly like it—it appears a little smaller, but of the same kind. Thinks defendant did not dress the arm the first night, but is not positive; thinks he put on splints the next day. The arm was painful to the touch. Don't know how long defendant attended the case; don't know that another physician was called. The arm looked pretty well when the splint was taken off—did not take particular notice—it appeared a little crooked, but thought it would become straight. Thinks he was present at second dressing; don't know how long defendant was attending the case; when attending, he was kind and attentive; cannot say whether bandages were loosened or not by plaintiff.

(Re-examined.) Don't remember particularly whether the arm was much swollen or not at the first dressing. The arm is permanently deformed, its usefulness is destroyed—plaintiff does not use it as he does the other.

*Mr. Obear*, sworn. Saw plaintiff soon after he had been injured; assisted him from buggy to his room. Saw most of the proceedings during the treatment. Plaintiff had splints on his arm; defendant took them off and put on others, of pasteboard. The arm was swollen. Defendant said he would set it in two or three days—inflammation would subside by that time; was not present when the arm was set. Defendant's treatment was not interfered in by others: thinks the bandages were not removed—they were once clipped near the fingers, which were much swollen. Plaintiff has lost the use of his arm—he uses the other instead.

(Cross examined.) Was not with plaintiff all the time, but a great deal of the time; generally staid until 11 or 12, P. M. Boards at Lanier's yet. Does not think plaintiff loosened the bandages—would have known if he had done so—might have done so and tightened them again. The arm appeared straight. Don't remember the exact time when the accident happened. Instrument shown appears like that used by defendant; did n't see it taken off; plaintiff wore it four or six weeks. Saw the arm the day following that on which the instrument was removed: there appeared to be a little rising on it then; bandages were clipped by defendant's orders. After instrument was taken off, defendant applied two splints, one on the fore and the other on the back part of the arm: defendant was very attentive.

*R. Bassett*, sworn. Plaintiff was taken into witness' house about the 20th of January, 1847. Said he had been thrown from a horse. His arm was badly hurt—his wrist was dislocated—witness tried to pull it back. Lives one mile and a half from town.

(Cross examined.) Wasn't fractured, as he knows of, but was dislocated; witness reduced it; his brother helped; has set bones before; wasn't hard to get back: plaintiff's arm was very painful and swelled fast: did not see plaintiff fall. One hour and a half after accident Mr. Brown took plaintiff home. Plaintiff did not object to witness' course: witness thought he put it about right.

*Dr. Wiley*, sworn. Is a practising physician and surgeon; has once examined plaintiff's arm; considers it permanently deformed. Knows nothing of the case; thinks the result might have been different had—[Here he was interrupted by defendant's counsel, who objected to answers given as he was about to answer.]

(Cross examined, by Defendant.) Is aware of the great difficulty of discriminating the nature of injuries to joints; considers it necessary to be called immediately; a surgeon should attend a fractured arm four or six weeks; the muscles tend to displace the bones: it is difficult to keep the fractured bone in place; there is danger of sloughing from tight bandages.

\* Whenever the term apparatus, splint, or instrument, is used, the article referred to is Roe's Patent.

† This was the last time that the defendant saw the arm, until shown in Court.



[The Defendant here proposed to apply the same apparatus to the arm of any one present, and to dress it in the same manner as that in which he had dressed the arm of Plaintiff, and to ask the witness whether or not the application were proper--To which Plaintiff's counsel objected, and the Court admitted the objection on the ground that no professional witnesses were present when plaintiff's arm was dressed by defendant, and consequently none were competent to state positively as to the precise manner.]

(Examination resumed.) Witness thinks the instrument used was well adapted to the purpose: has not used it. Where there is not much swelling, there is difficulty in diagnosing. Three, six, or twelve months are required for these injuries to heal. Thinks plaintiff's ulna was dislocated and radius fractured. There are eight bones of the wrist. The ulna is seldom dislocated; when fracture and dislocation concur, the difficulty of treatment is increased. Surgeons do not generally see such cases until an hour or two after the injury has been received; two hours might increase the difficulty of diagnosis. The proper treatment is to place the fractured ends in apposition and endeavor to retain them there.

*Dr. J. M. Green*, sworn. Has examined plaintiff's arm; considers it permanently deformed; thinks the result would have been better had it been well treated, and had the patient submitted. Witness would have reduced the fracture and applied means to keep it reduced immediately--thinks if such course had been adopted, the present deformity would not have ensued; when such course is not adopted, loss of power and motion is the consequence; plaintiff has almost entirely lost the use of his arm; he is disqualified in a measure from using it.

(Cross examined.) Has had many cases of fractured radius; don't remember exactly how many; has not had cases of dislocation of the ulna; thinks plaintiff's ulna is dislocated. When the radius has been fractured, thinks the patient should not use his arm in less than two months. The bones of the wrist are seldom injured except by direct force; there use is to break the force of an injury; they are seldom injured. There are two kinds of fracture, oblique and transverse; fracture of the radius is generally oblique; such fractures require care on the part of the patient as well as surgeon; thinks the fractured ends might be kept from slipping past each other; splint shown is as good as any—a good cure might be made with it; strong union would take place in four or six weeks; patients would do wrong to take off splints in that time; in a majority of cases there is some deformity, as a rule, still the bone retains its position. Thinks such cases might be treated successfully; thinks Professor Parker of New York an able surgeon—considers Cooper and Miller good authorities.

*Mrs. Lanier*, sworn. Is mother of plaintiff; was with him during his illness; defendant's directions to him were strictly followed. Plaintiff was confined about three months. When splint was removed it was by defendant's orders; plaintiff could not then turn his arm over; thinks the arm was never set; don't know that defendant set it; when defendant first saw the arm, he said he would set it in two or three days. Defendant saw the plaintiff immediately after his return home; never was set except by Bassett.

(Cross examined.) The arm was very painful, but not much swollen. Saw defendant apply paste-board and splints; the bandage was not cut during the night, except a little at the fingers. Did not hear defendant say that there would be deformity. Defendant was kind and attentive to the case; was present when splints were taken off—do not remember defendant's remarks; thought defendant was doing right; don't know whether arm was straight when defendant first saw it; don't know how long defendant attended the case; the accident happened in the latter part of January, 1847. No other physician took charge of son; Dr Strohecker once looked at it; don't know that plaintiff refused to answer defendant's interrogatories.

The prosecution was here closed, and the following defence was made:

*Dr. Strohecker*, sworn. Is familiar with injuries of the wrist—has found much difficulty in treating them: when there is much swelling the diagnosis is obscure and difficult; in fractures, the action of the muscles tends to draw the broken fragments past each other. Saw plaintiff's arm on or before Feb. 18th,\*

\* This was twenty-eight days or less after the injury had been received.

1847—the entry is made on that day; was asked to see plaintiff before then, but refused because defendant was attending. When witness saw plaintiff's arm, the splints and straps were loose and doing no good; has never used the instrument shown; it would be easy to slacken the straps around it; thinks plaintiff's arm is fractured and dislocated: in such cases the physician should not quit his patient in less than two months—if he does so, the muscles cause deformity; callus is soft and may be compressed; muscular contraction causes a difficulty in setting the bone, and keeping it reduced in cases of fractured radius; thinks plaintiff's arm was obliquely fractured; mistakes in diagnosis of injuries of the wrist do occur; did not dress plaintiff's arm but once; don't know that any one else did; when witness took the case, plaintiff's father said defendant had been discharged.

(Cross examined.) The arm was not properly bandaged when witness saw it; witness would not apply apparatus immediately, if much tumefaction existed he would wait a few days. Plaintiff's arm was past remedy when witness saw it; knows nothing of defendant's treatment of the case—from result, thinks it might have been different; splint shown, was not on when witness saw it.

*Dr. Benson*, sworn. Does not think injuries of the wrist very difficult to diagnose, unless there be much tumefaction; cannot say that good surgeons frequently mistake fractures for sprains, even where there is much tumefaction—good surgeons wait until the tumefaction subsides before they form a diagnosis. Fractures of the radius, near the wrist, are extremely difficult to treat—they generally result in some deformity; the instrument shown would answer in cases where only one of the bones of the fore-arm was fractured, but would be inapplicable to cases in which both bones were fractured. Have once examined plaintiff's arm. [Witness declined giving testimony without further examination, which he institutes.] Considers the case to have been one of simple fracture of the lower portion of the radius; states that there is not a dislocation of the ulna; considers the natural relation of the ulna to the radius to have been changed by the action of the muscles upon the lower fragment of the fractured radius: there is no fixed time at which fractured bones unite, sometimes months and even years elapse before bony union takes place, and in some cases it does not take place at all; age, health, constitution and many other circumstances, modify the formation of callus; plaintiff's constitution appears good; thinks a fractured bone in him would unite without much difficulty; don't know any thing about defendant's treatment of plaintiff's case; cannot say that the fracture had not been reduced—it might have been reduced and afterward the action of the muscles have produced the present deformity; a surgeon should not abandon his patient until bony union has taken place, without reference to the time necessary to that result: patients always try to use a fractured limb before they should do so, and the surgeon's attention is as necessary at the time the callus is becoming firm, as in the first treatment of the case; fractures are not irremediable so long as the callus remains soft; does not distinguish between primitive and definitive callus, considers these but different names for the same substance, terms without practical value.

(Cross examined.) Cannot say the result would have been different, had proper treatment been adopted by the surgeon and submitted to by the patient, for sometimes circumstances contraindicate the use of splints or other apparatus, and deformity would be preferable to the consequences which might ensue from their use.

(Re-examined.) Knows Prof. Parker of New-York, personally and by reputation; would be sorry to find Dr. P's opinion in collision with his own—considers him almost as high authority as any surgeon in the United States.

*Mr. Armstrong*, sworn. Has seen plaintiff use deformed arm in managing his horse.

*Mr. Bloom*, sworn. Knows that the said horse is extremely difficult to manage—he once ran away with witness.

Although the answers of Prof. Parker and of Dr. Wells, of New-York, were not permitted to be introduced in evidence, on account of some legal objections, it is but justice to the defendant, whose professional reputation has been staked upon this trial, to give them. It is also but justice to the plaintiff, and to the



community who may be interested in this suit, that they should be reported; for without such report, the defendant's friends might imagine them to be of greater importance than they really are; and with their report, the plaintiff's friends can say that the whole defence, equitable and legal, is before the public.

WILLARD PARKER, personally appeared before us, on this the sixth day of January, 1849, and being duly sworn, testifies that he is Professor of Surgery in the University of the State of New-York, and that he has been a practitioner of medicine and surgery 19 years. He also further testifies, that fractures of the lower extremity of the fore-arm are common; and when the surgeon has the full co-operation of the patient, his treatment, however skillful, will be followed almost certainly with more or less of deformity and impairment of motion. The radius is most frequently broken, and the solution is either just above the joint or through it. These fractures are usually produced by falls upon the palm of the hand. It is always difficult to make out the *precise nature of the accident*, especially if the surgeon do not see the case before swelling occurs.

In the treatment, every practical surgeon, however skillful, knows he cannot prevent all deformity, and that the patient has cause to congratulate himself if he recover the use of the joint in from six months to a year.

1st. The Pronator Radii Quadratus, by its action, destroys the natural parallelism of the bones of the fore-arm, and the six flexors and extensors of the hand and the flexors and extensors of the fingers, force the fractured ends by each other.

2nd. When the joint is complicated, inflammation *must ensue*, and as a consequence, the natural motion of the joint must be impaired for a long time, if not permanently.

In every *actual fracture* at the wrist or near it, there will be, in my opinion, some deformity.

W. PARKER, M. D.

Isaac E. Taylor, M. D., [L.S.]

A. B. Robeson, M. D., [L.S.]

THOS. WELLS, personally appeared before us, on this the sixth day of January, 1849, and being duly sworn, testifies that he is a resident of the city of New York, and that he has been a practitioner of medicine and surgery thirty years; that he has treated many fractures of the lower part of the fore-arm.

He also further testifies, that in cases of fracture of the lower extremity of the radius, there is always more or less obscurity in the diagnosis, in determining the exact nature of the injury, and this difficulty increases as the injury approaches the radio-carpal articulation, and in proportion to the degree of swelling of the parts, at the moment the surgeon is called to take charge of the case—and it may very properly be said that the *difficulty of treatment* is increased in proportion to the difficulty of diagnosis in the case.

All writers on Surgery agree that fractures of the radius near the wrist, are among the most difficult to manage; to avoid either deformity or imperfect pronation or supination of the hand, or impeded action of the fingers; and too frequently all these evils are found to exist in the same case, after the most skillful management. To ensure a satisfactory result in this species of fracture, the case must be taken in charge early, before any considerable degree of effusion or swelling supervenes; the patient must be entirely submissive to the surgeon, following rigidly his directions in regard to the dressings and position of the arm, and they must be followed up for a period, varying from six to ten weeks of careful treatment, before the patient should be allowed to take his own course. After all, no matter what the case may have been, it is often a very long time—in some cases several years—before the *free and easy* action of the parts implicated is regained, even in cases where success is *finally* complete. But in a large proportion of such cases, the patient is doomed ever after to submit to more or less deformity, or *impeded action of the parts*. To guard against the latter, should rather be the main object of the surgeon, even at the expense of a good deal of deformity.

THOS. WELLS, M. D.

Isaac E. Taylor, M. D. [L.S.]

A. B. Robeson, M. D. [L.S.]



## OBITUARY NOTICE OF A MEDICAL STUDENT

At a meeting of the Faculty and Students of the Medical College of Georgia, held March 8th, 1849, the following preamble and resolutions were unanimously adopted:

Being suddenly called to lament the death of Mr. D. W. JACOBS, one of the matriculated members of the present class—a candidate for the degree of Doctor of Medicine, and feeling (for the second time during the present session) this dispensation of Divine Providence in the death of our friend and companion whose estimable character had won for him our highest esteem—

*Be it therefore, Resolved,* That we deeply deplore the death of this our friend and associate who has been thus suddenly stricken down in the morning of life, and just as he was about commencing his career of hope and usefulness in an honorable profession.

*Resolved,* As a mark of respect for the dead, we will wear the usual badge of mourning for thirty days.

*Resolved,* That a copy of these resolutions be forwarded to the parents of the deceased as a manifestation of our unaffected sympathy and condolence in this their severe bereavement.

*Resolved,* That these proceedings be published in the city papers, the *Hamburg Journal*, the *Greenville Mountaineer*, and the *Southern Medical and Surgical Journal*.

P. TRENT,  
T. B. LAMAR,  
A. D. SHEWMAKE, } *Committee.*

METEOROLOGICAL OBSERVATIONS, for February, 1849, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 152 feet.

PER.	Sun Rise.		2, P. M.		WIND.	REMARKS.
	Ther.	Bar.	Ther.	Bar.		
1	54	29 97-100	64	29 94-100	N. W.	Fair afternoon—rain at 6, A.M.
2	56	" 90-100	78	" 85-100	S. W.	Fair—blow, with clouds.
3	58	" 93-100	70	" 94-100	W.	Fair—cloudy morning.
4	57	" 93-100	64	" 86-100	N. W.	Cloudy.
5	61	" 47-100	56	" 67-100	W.	Fair afternoon—rain 15-100.
6	32	" 94-100	57	" 88-100	W.	Fair—breeze.
7	36	" 98-100	53	30 6-100	N. W.	Fair.
8	36	30 11-100	48	30 3-100	S. W.	Cloudy.
9	49	29 80-100	62	29 80-100	N. W.	Fair afternoon.
10	35	" 90-100	58	" 89-100	S. E.	Cloudy—rain at night 10-100.
11	46	" 70-100	66	" 64-100	S. W.	Fair—cloudy afternoon. [100.
12	44	" 41-100	56	" 48-100	W.	Fair—blow—rain last night 65-
13	32	" 91-100	56	" 94-100	S. W.	Fair.
14	32	30	62	30 2-100	W.	Fair.
15	43	29 85-100	48	29 82-100	N. W.	Cloudy.
16	32	" 71-100	46	" 66-100	N. W.	Fair—breeze.
17	23	" 69-100	48	" 68-100	N. W.	Fair—breeze. [8, A.M.
18	27	" 84-100	32	" 97-100	W.	Fair—drizzle—snow storm at
19	17	30 28-100	44	30 30-100	N. W.	Fair.
20	26	" 29-100	54	" 20-100	S. W.	Cloudy afternoon.
21	39	" 22-100	64	" 22-100	S. W.	Cloudy.
22	44	" 20-100	65	" 18-100	S. W.	Cloudy.
23	49	" 15-100	72	" 10-100	N. E.	Fair.
24	42	" 16-100	58	" 7-100	E. & S.	Fair afternoon. [night.
25	50	29 73-100	68	29 70-100	N. W.	Fair—heavy blow—spr'kle last
26	36	" 76-100	56	" 75-100	N. W.	Cloudy afternoon—blow.
27	46	" 82-100	58	" 87-100	N. E.	Cloudy—blow—gale last night.
28	47	30 5-100	56	30 10-100	N. E.	Cloudy—dry gale continues.

9 Fair days. Quantity of Rain 90-100 of an inch. Wind East of N. and S. 4 days. West of do. do. 23 days.

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## PART FIRST.

### Original Communications.

#### ARTICLE XIV.

*"The Philosophy of Medicine ;" an Address, delivered before the Graduates of the Medical College of Georgia, on the 20th of March, 1849.* By JOHN LECONTE, M. D., Professor of Natural Philosophy and Chemistry, in Franklin College, University of Georgia.

#### GENTLEMEN, GRADUATES :

It is recorded of the immortal Newton that, whilst contemplating the simplicity and harmony of the laws by which the universe is governed, as manifested in the relations which his gigantic mind developed between the distant and apparently unconnected masses of the planetary system, his thoughts glanced towards the organized creation ; and reflecting that the wonderful structure and arrangement which they exhibit, present in no less a degree the indications of the order and perfection which can result from Omnipotence alone, he remarked, "I cannot doubt that the structure of animals is governed by principles of similar uniformity."—" *Idemque dici possit de uniformitate illà quæ est in corporibus animalium.*" More than one hundred and fifty years have elapsed since this opinion of the greatest of men was promulgated. During this period, what immeasurable advances have been made in all the sciences ! Astronomy has approximated perfection ; in every department of the mechanical art the scale and scope of progress are as vast, as its character and attributes are substantial

and solid; the laws of electricity and magnetic phenomena have been unfolded; chemistry has opened new fields of investigation and established new laws; and even the complex phenomena of meteorology have been partially disentangled. But while all this activity is displayed in connection with the advancement of the sciences which appertain to inanimate objects, does the spirit of the age withhold its influence from the science of *life*? Has the labor of its cultivators been barren and unproductive? Have they unfolded none of the laws of organization? In short, has that science, to the pursuit of which *we* are devoted, stood still, while its kindred of the great family of knowledge have advanced with gigantic strides? Shall we conclude that because charlatanical devices spring up, and continue to attract the heedless multitude by their cunning delusions, that the professors of legitimate science have been idle? Assuredly not. There is, in truth, no branch of knowledge which, in the conviction of those who are capable of judging, has of late years made advances more rapid and more solid than medicine. In acquaintance with the intimate phenomena of diseased processes and products, we, of the present day, have vastly outstripped our immediate predecessors; in the facility with which we recognize the existence, and in the accuracy with which we define the characters, of maladies during life, we are incomparably their superiors; in the great object of our art, that of mitigating the sufferings and controlling the ravages of disease, our capabilities have notoriously become increased and invigorated. But, above all, we have the more substantial proof that our slow and steady labor tells, in the grand truth, that the mean duration of human existence is on the increase.

But while we thus bear testimony to the great and important progress which the science of medicine has made, yet, it must be admitted by every candid inquirer, that all the zeal and industry of its cultivators have failed to establish on a solid and enduring foundation, any grand and comprehensive law of the animal economy, such as must have been contemplated by Newton in the extract which was given at the commencement of this address. Many subordinate principles of the science of organization have been based on a secure foundation; and



many more, which were at first doubtful, are daily receiving fresh confirmation; but they have been unsuccessful in unfolding laws of the *highest* degree of generality, such as have rewarded the labors of the students of physical science. Are we to infer from this fact, that the Creator of the universe, who has manifested the severest and most refined geometry in the construction of inanimate nature, has abandoned all law and rule in the construction of organized beings? Was Newton mistaken when he prophetically announced that, similar uniformity must characterize the structure of animated nature? Certainly not. In the ever-varying conditions of the animated world, a very superficial glance will display to us a certain degree of regularity and derangement; and the more attentively we investigate the relations which its changes present, the more stable and definite is the assurance we obtain, that they are all harmonized and controlled by *fixed laws*, which are but simplified expressions of those conditions of action which the Creator has imposed upon organized no less than upon inorganic matter.

Impressed with these ideas, I have thought, that the causes which have impeded the advancement of the science of life, and the consequent improvement of the art of medicine, together with those which may have conduced to its recent progress, would form an appropriate topic for to-day's consideration. It is well to premise, that the negative and positive sources of advancement are too numerous to allow of more than a cursory notice of some of the more prominent ones.

As vital phenomena have excited the attention of all classes of men, from the earliest ages of the world, and have probably formed the most ancient and universal theme of conversation and speculation, both with the learned and unlearned, we should naturally expect, that medicine ought to be one among the most advanced of the sciences; because, for thousands of years, it has been the object of the labors of so many intelligences. Unfortunately it is not so; and the reasons are sufficiently obvious to the reflecting mind. When we consider the peculiarly intricate conditions connected with every physiological problem—the large advances that must be made in many capital portions of knowledge, before one successful step can be made in this, we readily perceive, that a thousand complicated inquiries beset

the investigator at the very threshold of physiology, stimulating him to ardent investigation, and inspiring him with wholesome caution. Indeed, the complication of the processes carried on in the organized kingdom, the widely-extended circle of their agency, and the ever-varying results of their compound influences, appear to have been almost too much for the mind to comprehend as a whole; and the powers of reason have been bewildered in the inextricable labyrinth of causes and effects—of actions and reactions. This is no fault of its cultivators, who have comprised in their list the highest and most varied talents and industry, but of the inherent complexity of the subject, and the infinite multitude of causes which are concerned in the production of every, even the simplest, vital phenomenon.

But there are other reasons why medicine cannot possibly advance at a pace equal to that of the other branches of science. It is true, a vast number of observations have been made on the phenomena of life; but they are, at the same time, *observations* in the most restricted sense of that word. We observe the phenomenon presented to us, but cannot modify and vary it at pleasure; we cannot reproduce it at will. In a word we cannot have recourse to *experiment*. We are hence compelled to register facts; and, as Sir William Herschel has very well observed, we resemble a man who hears now and then a few fragments of a long history related at distant intervals by a prosy and unmethodical narrator. In recalling to mind what has gone before, he may occasionally connect past with present events; but a host of circumstances omitted or forgotten, and the want of connection, prevent his obtaining possession of the entire story. Were we allowed to interrupt the narrator, and ask him to explain the apparent contradictions, or to clear up any doubts on obscure points, then might we hope to arrive at a general view. The questions that we would address to nature are the very experiments of which we are deprived in the science of organization. The obstacles which interpose themselves to the prosecution of this science, result more from that difficulty in the ascertainment of facts and the observation of phenomena, which is occasioned by the peculiar conditions of living beings, than from any incapability on the part of these facts and phenomena to be comprehended within laws as stable

and as definite as those of the purely physical sciences. Thus, although the structure of the human body has been carefully and minutely examined by so many thousands of Anatomists, how many points are still uncertain, and how much still remains to be discovered! The difficulties which beset the path of the physiological inquirer are still more appalling. The complexity of the combinations in which vital phenomena present themselves is such, as to baffle all attempts at analysis, while their dependence upon one another is so intimate, as almost entirely to preclude their separate examination. "Were we able to ascertain the changes which take place in the interior of the living body, with the same ease that the astronomer watches the motions of a planet, or the chemist observes the formation of a precipitate,—the very multiplicity of these changes, and the variety of conditions under which they occur, would be of essential service in the determination of their laws, instead of being, as at present, sources of doubt and embarrassment. The chemist, when desirous of establishing to which of the ingredients in a given mixture a particular effect is due, places each separately in the conditions required to produce the result: but the physiologist finds that the attempt to insulate any one organ, and to reduce the changes performed by it to definite experimental investigation, necessarily destroys, or considerably alters, those very conditions under which alone its functions can be normally performed. Take away an important and essential part of a living being, and it ceases to exist as such; it no longer exhibits even a trace of those properties which it is our object to examine; and its elements remain subject only to the common laws of matter. We cannot, like the fabled Prometheus of old, breathe into the lifeless clay the animating fire; we cannot, by a judicious and skilful arrangement of those elements, combine them into new and artificial forms so as to produce new and unexpected phenomena."—(*Carpenter's Gen. et Comp. Physiol.*, 2d ed., p. 3.)

Moreover, all the phenomena of life are, at present, almost wholly removed from the logic of *quantity*. Now, so far as the logic of quantity is applicable, so far are we certain of our conclusions, as certain at least as we are of our own existence. But when this logic cannot be applied, our conclusions are no



longer such as *must* be—no longer follow from our premises as necessary consequences; but are only, for the most part, such as *may* be; that is to say, have no more than that degree of probability which arises from the evidence we have of the truth of the phenomena or events, forming our premises. In all knowledge depending on mere observation, what we know is grounded on our own observation and experience, or on that of others. What we ourselves observe, we too often observe very imperfectly; or do not understand, when observed. But phenomena or events, the knowledge of which we are obliged to receive at second hand, on the *testimony* of others, and which may have been observed through the distorted medium of ignorance or of prejudice, may even have been wilfully misrepresented—of these we have a still less assurance. If the phenomenon or event be of frequent occurrence, or if its nature be such, that it is capable of being brought under our own observation; in order to remove our uncertainty, we endeavor to observe it ourselves. Such is the method we pursue in obtaining all that knowledge which is the result of mere observation. The different events succeed one another, but we know not wherefore; we see not their mutual connection. We believe that one phenomenon will, *probably*, follow another; because the one has generally followed the other, or because of some other probability; but we cannot discover that *necessary* connection between the two phenomena, which so irresistibly leads us to determinate conclusions, where we can apply the laws of quantity.—(*Prout. in Bridgewater Treatise.*)

In medicine, the objects to be examined are, beyond comparison, infinitely more variable and complex than in any department of physical science. And as the complicated phenomena of health and disease are made up of elements which allow of no exact measurement, the description must necessarily be clothed in the imperfect and inexact language of the senses. The imperfections of medicine as a science are consequently inherent in the subject itself.

The physician, unlike the mathematician, is not the creator of his own science; unlike the astronomer, he has no simple relations of matter to deal with; he cannot, like the chemist, make any two things which he examines or uses identical; the

objects of his study are more variable than the winds and tides, and the materials with which he works infinitely more difficult to adapt to their uses than the matter which the mechanic or the engineer presses into his service. In all his preliminary studies (with the exception of inorganic chemistry), in all his original inquiries, in all his practical applications, he encounters the varying effects and complicated phenomena of life. The human frame unites within itself all that is most wonderful in contrivance and most elaborate in workmanship. Its structure as much surpasses the most skilful work of man's hands, as its functions do the play of his most ingenious mechanism, and its products the results of his most refined chemistry. That which he knows bears no proportion to that of which he is entirely ignorant; what he sees, he sees but darkly; much of what he does, he does but guessingly. He seeks for causes, but they elude his search; they baffle him at every turn; he strives, as it were, to seize them by force, but the violence which he uses defeats itself, and the tortured body dies that it may preserve the secret of its life. "Such, and so inscrutable is the body in health; disease surrounds it with new mysteries."—(Vide. *Brit. and For. Med. Rev.*, July, 1841.)

The aspect of living nature is every where characterized by boundless variety, by inscrutable complexity, by perpetual mutation. Our attention is solicited to a vast multiplicity of objects, curious and intricate in their mechanism, exhibiting peculiar movements, actuated by new and unknown powers, and gifted with high and refined endowments. In place of the simple combinations of elements, all organic structures, even the most minute, present exceedingly complicated arrangements, and a prolonged succession of phenomena, so varied and so anomalous, as to be utterly irreducible to the known laws which govern inanimate matter. How are we to find law and order in such diversified combinations? How are these anomalies to be explained? Must we say that nature is capricious? Assuredly not; for these anomalies are due to the action of the very causes which give rise to the other phenomena. An isolated observer, however much he may be supposed to be endowed with perseverance and sagacity, could not possibly arrive at a plausible explanation. Overwhelmed by the multiplicity of objects, and

lost amidst the complication of phenomena, he soon becomes dismayed by the magnitude and arduous nature of the investigation. He is ready to ask, shall we ever comprehend the nature of the subtle and pervading principle, by the agency of which all the wonderful phenomena of life are produced, and which, combining into one harmonious system so many heterogeneous and jarring elements has led to the formation of this exquisite frame, this elaborate machine, this miraculous assemblage of faculties? Perhaps, we are still far from the time when we shall be able to penetrate the dense veil which nature has thrown over the interior machinery of life, and discover the long-sought clew to the mazes of this perplexing labyrinth. It may even be said to be problematical whether this time will ever come. But though the complete solution of the problem may remain unattainable, its partial solution may still be anticipated; indeed, the effort to understand the phenomena of the universe is still the highest, as it is the eternal goal of all scientific investigation. Whatever difficulties may have hitherto opposed the development of the science of medicine, it has unquestionably made very notable progress since the end of the last century; and it now advances with a slow and steady pace. Future ages will erect the edifice, of which we have laid the foundations; and we may already say, that the general plan is simple, and that its apparent complexity arises from the close connection of the parts with each other,—a connection so intimate, that it is difficult to circumscribe the limits of the phenomena. The more deeply we penetrate into the mysteries of nature, the more harmony do we detect; the more do we perceive the connection of phenomena, which, severally and superficially regarded, seemed long to resist every attempt at co-ordination and arrangement; the more do we see simplicity, order and beauty.

With these reflections, permit me to pass on to the consideration of the causes which have conduced to the recent advancement of medical science, and its kindred departments.

1. One of the most efficient causes of the recent improvement in medical science seems to me to be the virtual abandonment of all *exclusive systems*. Since the period when men, shrinking from the toil of severe observation and induction, yielded to the easy pleasure of fabricating *à priori* doctrines of disease,



systems upon systems have followed each other in endless succession, interchange and admixture. Could such systems advance true knowledge? The answer becomes easy, when the manner in which they were conceived, is for a moment considered. A few facts are observed,—it might be one, it might be two, or, with the more sober of the founders of systems, a somewhat greater number; these facts may have been observed carefully and accurately, as far as the state of general acquirement, existing at the period, permitted. But all the accuracy in the world could not increase their number—they remained but one, or two, or at best a very few. Now, in the characters and relations of this fact or these facts, a quick apprehension fancied it caught some ruling principle: the principle thus presumed to be discovered, was forthwith generalized, and made the basis of a theory, whereto all the phenomena of disease were to be referred. Disregarding the first principles of just reasoning, these men, ambitious of scanning Nature's mysteries without moving from their easy chairs, succeeded too often in persuading the multitude that they *had* in their theory, laid bare the secret engine whereby the phenomena of disease were worked. The general hypothesis was thus established with the pretensions and weight of demonstrated truth. Meanwhile facts went on accumulating, some supporting (either really or apparently), others as distinctly opposing, its provisions. All opposing facts, were, in the first enthusiasm for the new doctrine, set aside. But facts of this conflicting order still went on,—they were noticed in so many quarters, their learning and importance were urged by so many persons, that an impression at length arose as to the possible fallacy of the doctrine; symptoms of declining veneration for their doctrinal idol might, by a shrewd spirit, be traced in the multitude. At such a conjuncture there was ever a new theorist, a new dealer in first principles, to be found; seizing the propitious moment, he started the doctrine to which his reveries had led him, and had the joy to see it raised to the just-vacated pedestal. Such has been the course of things from time immemorial,—from one false system to another, men have wandered in a state of perpetual transition. The unsatisfactoriness of all such attempts, and the necessary consequence of this, a constant alteration and suc-

cession of inappropriate hypotheses, were indications of the progress which was going on towards a more genuine form of the science.

But the emptiness of all systems founded upon *à priori* reasoning, might be inferred from certain *primâ facie* peculiarities, which characterize them all. While the phenomena of nature and the laws governing them have been, and will ever continue, immutable, these systems invariably bear the stamp of certain continued and changeable circumstances. In many of them may distinctly be found the impress of the marvel-worship and superstition of the dark ages, in which they were conceived; in others, the temporary impulse given to some one of the collateral sciences may be traced; in others, the peculiar social circumstances, amid which individuals have been placed, have had a striking influence upon the theories they have originated. In all—the finite, the temporary, the unstable qualities of even the brightest of man's conceptions, as compared with the infinite, the enduring, the stable attributes of nature and her laws, stand forth in impressive contrast. It would be easy to show that every system in medicine may, in respect of its origin, be placed in one or other of these categories; but I need not pause to illustrate this point, as your studies must have afforded numerous examples of the correctness of the opinion.

Rejoice, then, gentlemen, you who start upon the career of medicine, that the day of exclusive systems has, practically speaking, passed by,—at least among the most intelligent members of the profession. Rejoice, that we are neither Pneumatists, nor Archæists, nor Animists, nor Vitalists, nor disciples of the Jatro-chemical or Jatro-mathematical creeds, nor Brunonians, nor Solidists, nor Humoralists, nor Broussaisians, nor Rascorians. Rejoice that, instead of all this, our boast is to be simple observers of Nature, who seek by patient and close investigation to ascertain the facts of our science. The history of all sciences warrants the assertion, that all myths concerning imponderable matters and special vital forces inherent in organized beings, only render views of nature perplexed and indistinct. Reason, boldly and with increasing success, now seeks to break down the ancient forms, by means of which, as with mechanical contrivances and symbols, man has still been wont

to strive to obtain mastery over rebellious nature. Let us, therefore, hail the abandonment of exclusive systems in medicine, as a propitious omen. Even the most perfect of the physical sciences, anatomy, had to pass through a similar cycle of unsatisfactory hypotheses, before any great positive discoveries were fixed and perpetuated in conspicuous and lasting truths. Well has it been said, by a talented writer of the present day, that it is "a condition of our race, that we must ever wade through error in our advance towards truth; and it may even be said, that in many cases we exhaust every variety of error before we attain the desired goal. But truths reached by such a course are always most highly to be valued; and when, in addition to this, they may have been exposed to every variety of attack, which splendid talents quickened into energy by the keen perception of personal interests can suggest; when they have revived undying from the gloom of unmerited neglect; when the anathema of spiritual, and the arm of secular power have been found as important in suppressing, as their arguments were in refuting, them—then they are indeed irresistible. Thus tried, and thus triumphant, in the fiercest warfare of intellectual strife, even the temporary interests and furious passions which urged on the contest have contributed in no small measure to establish their value, and thus to render these truths the permanent heritage of our race. Viewed in this light, the propagation of error, although it may be unfavorable or fatal to the temporary interests of an individual, can never be long injurious to the cause of truth. It may, at a particular time, retard its progress for a while, but it repays the transitory injury by a benefit as permanent as the duration of the truth to which it is opposed."—(Vide. *Babbage's Ninth Bridgewater Treatise*, p. 28.)

2. In the second place, the vigorous and healthy tone of recent medical progress, may be traced to the declining veneration for what have been termed "*authorities*" in medicine. It follows, as a natural consequence of the intellectual, and even physical, inequality of men, that some individuals become distinguished for superiority of scientific attainments. To the decision of such men, on points of science, respect is most unquestionably due. But daily experience as unquestionably



sion, than in the example just given. Fortunately, the remedy for both of the evils we have glanced at, is sufficiently obvious: neither the "*authority*," nor the untried man, are to be taken at their words. They are, in each instance, to be asked for their proofs,—they must describe any alleged appearance in such a manner as to furnish evidence of their own accuracy—their descriptions must place the reader, as far as is possible, in the position of the observer, and put him in possession of grounds for forming an independent opinion.

3. In the third place, the progress of sound medical knowledge has arisen from the adoption of greater caution in the application of conclusions founded upon analogy. No one can dispute the great value of analogy as an instrument of reason; some of the most obscure points in physiology have been elucidated by labors of Naturalists, in the fertile field of comparative physiology. Thus, Dr. Edwards was enabled to arrive at many important conclusions with respect to the influence of external agents on the phenomena of life, by subjecting reptiles to treatment which would have been fatal to animals of a higher order. Yet such reasoning must be cautiously applied; for, in truth, there is scarcely any proposition, be it ever so absurd, that may not be quasi-proved by analogical argument. By reasoning thus conducted it may be shown, for instance, that the circulation of the blood in man is carried on independently of any of the motor forces, commonly recognized as accomplishing that function. For, first, in monsters deficient in brain and spinal marrow, the circulation goes forward; consequently, the nervous centres are without influence on the phenomenon. Secondly, in animals without a heart, there is, nevertheless, a very excellent vascular circulation: therefore the heart is useless in the maintainance of the function. Thirdly, experiments on mammiferous animals show that, under certain circumstances, the circulation is sustained by the simple action of a heart, without aid from the arteries, capillaries, or veins, or from muscular pressure, or from the suction exercised by the right auricle, or by the chest; therefore the arteries, capillaries, and veins, may be dispensed with in carrying on the circulation. Hence, to resume, reasoning of this kind would lead to the absurd conclusion, that the continuation of the blood's movement

depends neither on the heart, arteries, or veins, nor on nervous influence, nor on aspiration exercised by the thorax or right cavities of the heart.

Other sciences have, like our own, felt the baneful influence of this method of establishing conclusions. Voltaire cuttingly ridicules the pretensions of this class of reasoners. In one of his satirical tales, *Micromégas*, an imaginary inhabitant of Sirius, is supposed to make a voyage of discovery through the solar system in company with a denizen of Saturn: they philosophize as they go. Approaching the planet Mars, *Micromégas* and his companion plainly descried two moons acting as satellites to that body,—moons which have certainly escaped the ken of terrestrial astronomers. “I know perfectly well,” continues the author of the tale, “that Father Castel” (an astronomer of the time) “will write, and write sufficiently pleasantly, too, against the existence of these two moons; but I appeal against his decision to logicians, who reason from analogy. These excellent philosophers are perfectly aware how difficult it would be for Mars—a planet so far removed from the sun—to get on with less than two of these satellites.”—(*Micromégas et l'Histoire des Croisades.* Lond. 1752.)

But because the indiscreet use of analogy is positively detrimental to the advance of science, it by no means follows, that the use of analogical argument is to be discarded. But it is to be employed cautiously, and solely as a means of suggesting, and pointing to, questions deserving of investigation by the only sound method—that of direct observation. With these limitations, analogy is an invaluable guide to the physician as well as the naturalist.

4. Another source of recent improvement in medicine is, an increasing tendency in the minds of men, at the present day, to ascertain the intimate nature of the phenomena of diseases, and the laws governing their origin and progress; instead of speculating on the *final causes* of diseased actions. To ascertain the laws which govern the phenomena of disease is the goal of rational and legitimate pathological investigation. We are aware that it has been said, that the knowledge of these laws is of little value; that unless their causes are fathomed, no greater advance is in reality made than when they were

unknown; that no practical inferences, no enlarged notions of the nature of disease follow from their establishment. No greater fallacy could be imagined. What if it can be ascertained by observation repeatedly undertaken and cautiously conducted, that a given disease arises under a certain combination of circumstances;—that it affects the system generally in an assignable way, before it exercises its influence on particular parts;—that it affects certain of these parts and none others, in a certain sequence, and in none others;—endures for a certain length of time, which may, with slight oscillations, be predicted;—if it be ascertained in the same way that a fixed proportion of persons attacked with this malady will die, and that the age, sex, habits of life, assign beforehand to any given individual, with a great share of certainty, his place in one or other of the two classes,—of those to die, or those to live:—if all this can be done by the well-devised search after *Laws* (and it has been done in respect of several diseases,) will it continue to be affirmed that the practical utility of their discovery is limited—that they do not vastly widen the field of true acquaintance with disease?

But there are certain men who deem that their mental endowments are of too high a stamp to be wasted on the patient toil of observation, and the induction of laws from its results. Let such men survey the field beyond their own. Let them look to the history of other sciences, and see how the illustrious among their followers thought of the investigation of *Laws*. Let them regard the vast intellect of Newton, disdaining all petty scholastic disputations regarding causes; and observe him devoting all his energy to establishing the conditions of the great Law he had discovered. Let them remember that, “all the human mind has produced—the brightest in genius, or the most continuous in application—has been lavished on the details of the law of gravity.”—(*Babbage. Ninth Bridgewater Treatise.*) And the great philosophers, who follow now in the path of that immortal genius—are they engaged in the struggle to detect final causes? No; they feel that many of the discoveries of the present day point to a yet more general law than that of gravity, and expend all their wisdom in the effort to hasten its establishment. Let the medical inquirer, discontent-



ed with the search after laws, because it affords not span commensurate with his powers, ponder upon all this,—and if vanity has not placed him beyond the reach of humiliation, he must shrink abashed from the contemplation of his tiny efforts to unveil the mystery of causes.\*

5. So far we have spoken of the advance of Medical Science, as the result of the surrender of systems and methods of reasoning stamped, as it appears to us, with error. Herein lie what may be termed the *indirect* sources of progress. The *direct* cause is none other than the more general adoption of close OBSERVATION and INDUCTION in clinical and pathological research. Through the earnest application of these great instruments of progress in all sciences, all recent solid advancement in medicine has been effected. It has of late been understood in medical science, as it has long been understood in other sciences of observation, that:—"To begin with self-evident principles, to advance by timorous and sure steps, to review frequently our conclusions, and examine accurately all their consequences—though by these means we shall make both a slow and a short progress in our systems—are the only methods by which we can ever hope to reach truth, and attain a proper stability and certainty in our determinations."—(*Hume's Essays—Academical and Sceptical Philosophy*. Part I.)

6. Lastly: It is to the growing habit of counting facts—to the use of what has been termed the numerical method—that must be traced in great measure, the accuracy of existing knowledge in pathology. We are aware that this is not an

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\*(Note.) These remarks refer exclusively to *pathological* investigations, and not to physiological and anatomical researches. Indeed, final causes are involved in our fundamental conception of organization:—the parts have a *purpose*, as well as a law;—we can trace a determinate *end*, as well as laws of causation. The application of this principle, has, in the hands of Cuvier and others, contributed largely to the advancement of physiology, zoology, and comparative anatomy. But, when it is attempted to be applied to *diseased* processes, interminable error and confusion must arise. Can any one assign a *purpose* to any given diseased action? Has any organ a *function* other than a normal and healthy one? It appears to me, that physicians have not kept this fundamental distinction between physiology and pathology in view, with sufficient clearness and steadiness. Hence, the vast number of crude hypotheses and vague conjectures, which have been framed to account for the *objects and ends* of various diseased processes.

universally-admitted position ; there are persons who oppose the application of figures in the settlement of questions of all kinds connected with pathology, etiology and therapeutics, on the ground that morbid conditions are too complex and too varying in character to admit of being represented by numbers : others hold the contrary opinion. The modes of procedure of the two parties may thus be sketched. An author, belonging to the one, simply states that he has treated a given malady in a certain manner with such general effects, as induce him either to recommend that a similar line of conduct should be uniformly pursued in its management ; or to dissuade others from following his example. The writer, who has faith in the application of figures, tells his readers how many cases he has treated—in how many instances he has relieved—in how many instances he has cured, and in how many instances death has occurred. The natural reflection upon the former mode of proceeding is, that for the accuracy of his verdict we must trust blindly and implicitly to the author ; and the nature of that verdict will depend, probably, more on the character of the man, than of the facts which are presented. It is perfectly clear, that the same result will be differently viewed by him, according as he is of sanguine or desponding temper, vain or modest, cautious or rash in his judgments ;—according as he is ready to accept slight evidence or requires full demonstration. He may fancy that he *always* does good ; or that he *frequently* does good ; or that he (which is rare) *seldom* does good ; or that he (which is still rarer) *never* does good ;—and what fair grounds are there, whereon his readers may either question his accuracy or gainsay his determinations ? On the other hand, according to the second mode of proceeding, the temper and character of the observer have no influence on the general result. Figures have nothing to do with temperament ; the numbers 1, 10, 100, 1000, have but one meaning for all mankind. Does not the superiority of conclusions obtained upon the latter, to those set forth upon the former, plan, as guides to practice, appear clear and self-evident ? In point of fact, no man can form a correct estimate even of his own success in the treatment of any disease, unless by counting the instances of his failure and the contrary. Moreover, how else can the ex-

perience of one observer be added to that of another ; how else can the experiences, acquired at different periods and in different countries, be made to take part in one general result ? The valuable results which have already been attained, through the cultivation of the general statistics of disease, as it affects large populations, warrant the highest anticipations in relation to the assistance which medicine will eventually receive from this source. Of what problems, regarding the health of man, may we not anticipate the solution, when the diseases of various climes, properly registered, may be compared with each other ! With what certainty shall we be enabled to establish, not only the influence of civilization generally on disease, but even of particular modes and forms of social progress ! In the history of the more demonstrative sciences, it will be found that it is the introduction and use of accurate numerical measures, that forms the prelude to the epoch of rapid advancement. The theory of gravitation in astronomy, that of definite proportions in chemistry, and that of luminiferous undulations in optics, are all numerical theories, susceptible of mathematical expression.

From these several considerations, I think we may safely affirm, that modern medical science is based on a secure foundation, and that it will ultimately attain to a degree of exactness which will be sufficiently satisfactory to the mind. We have just entered upon the *inductive* epoch in medicine. This is the period for collecting facts, for multiplying observations, for establishing the basis of wider and higher generalizations. Nor is there any observer, however unpretending, who may not add to the stock of ascertained facts ; so varied and inexhaustible are the stores of nature. The humblest contributors may rest assured, that they are imperceptibly raising an enduring structure of scientific truth.

Unfortunately, by the side of this scientific system, another is seen growing—a system of unproven, and, in part, entirely mistaken empirical knowledge. Embracing but few particulars, this kind of empiricism is the more presuming, because of its utter ignorance of the facts by which it is assailed. Shut up within itself, it is unchanging in its axioms, and arrogant, like every thing else that is restricted ; whilst enlightened sci-



ence, inquiring, and therefore doubting, goes on separating the firmly established from the merely probable, and perfects itself daily through the extension and correction of its views. Instead of investigating the medium point about which, despite the apparent unfettered aspect of nature, all phenomena oscillate within narrow limits, it only takes cognizance of the exceptions to the law ; it is ever disposed to presume the train of natural sequence interrupted, and to overlook in the present all analogy with the past. Such a system opposes every thing like those comprehensive views which raise our conceptions of the dignity and grandeur of nature, by the discovery of universal laws,—laws that reign in the most delicate textures that meet us on earth, no less than in the Archipelagos of thickly-clustered nebulae which we see scattered through the awful depths of space.

The general prevalence of this empiricism may be traced to the present imperfect state of the science of life. The notion of life, and of vital forces, is still too obscure to be steadily held. We cannot connect it distinctly with severe inductions from facts. In the language of a distinguished historian of science;—“We can trace the motions of the animal fluids, as Kepler traced the motions of the planets ; but when we seek to render a reason for these motions, like him, we recur to terms of a wide and profound, but mysterious import ; to virtues, influences, undefined powers. Yet we are not on this account to despair. The very instance to which I am referring shows us how rich is the promise of the future. “Why,” says Cuvier, “may not natural history one day have its Newton ?”—(*Ossem. Foss. Introd.*) The idea of the vital forces may gradually become so clear and definite as to be available in science ; and future generations may include, in their physiology, propositions elevated as far above the circulation of the blood, as the doctrine of universal gravitation goes beyond the explanation of the heavenly motions by epicycles.”—(Vide. *Whewell's Hist. of Inductive Sciences*, vol. 3, p. 404, 405.)

And of all this, gentlemen, what is the object and what the end ? None other than the discovery of truth, and the application of this truth to the relief of human suffering. Such are the aims of him who enters, in the right spirit, upon the study of

medical science. And can there be a nobler combination than that which practice opens to your view,—the intellect keenly laboring for the benefit of your fellow-men, and the affections deeply sympathizing in the results of the labor? And ought it not to be a high privilege to belong to a profession, of which such is the exalted mission? Is it not vividly inspiring,—ought it not, in itself, to suffice to cheer you on amid toil, amid neglect, amid ingratitude, amid worldly struggles, to remember that, by taking a position in its ranks, you have acquired the power to think, to feel, to act, for the accomplishment of things so great,—that you have insured for yourselves the enjoyment of pleasures so pure? But if admission into this profession confer such privileges, and supply such foundation for the nobler orders of happiness, a return is looked for on the part of him who enters it. Of that profession he is required to bear himself as a worthy and high-minded member; and to maintain its dignity and elevate its position, as far as his individual character, conduct, and acquirements can conduce to that end.

And let me be permitted to close this address with words of calm though bright encouragement. Let me turn to those among you, who may feel diffident of your capabilities—who are disposed to recoil from the task before you, disheartened by the modest apprehension of intellectual deficiency, and say, that the “race is not to the swift, nor the battle to the strong.” It is to him who spares no toil;—who shrinks at no sacrifice of ease and momentary enjoyment;—who feels elevated by the grandeur of the end he aims at, and by his very energy spurns away difficulties, which otherwise must have thwarted and overcome him. Upon you, on the other hand, who form a higher and prouder estimate of your capabilities, who have within you the consciousness of power, I would impress the necessity of assuming and maintaining an iron and unbending will to work that power to its full;—I would bid you accept the augury of success your own bosoms have delivered, and let your lives be one unflinching effort to fulfil the prophecy.

## ARTICLE XV.

*Report of Operations performed under Anæsthetic Agents.*

By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

In December, 1847, I received from Prof. McKenzie, then residing in Paris, now on a visit to this country, the first intelligence of the new compound known as *chloroform*, proposed by Prof. Simpson of Edinburgh, as a new anæsthetic agent in Midwifery and Surgery. In common with others of the day, I was then engaged in testing the value of the means suggested to produce insensibility in patients subjected to operations—a proposition hitherto viewed by the profession quite chimerical. A keen edge to the cutting instrument, dexterity in the surgeon, and some suffering on the part of the patient, were the essential conditions of even good surgery at the present day. That the knife gave a *little pain* has ever been an admitted fact, and many an one has been doomed to measure its full extent without our power to do much to mitigate the distress of the sufferer.

Who then exercising the benevolent profession of medicine, possessing, as every one should, a kind sympathizing spirit, can remain unaffected by the fact now well established, that the state of insensibility can be safely induced during the performance of the most painful operations in midwifery and surgery? What surgeon, accoucheur or general practitioner, does not rejoice that the healing art is now disarmed of much of its terror, and of the real aggravation of human suffering by our own proceedings? The alleviation of physical pain and distress is now instantaneous, direct and complete, by the employment of means happily within the reach of every one. Nor is this all. If pain be the initiatory step to inflammation, and the prevention of one arrests the other, then we may begin to estimate the value and importance of these new anæsthetic agents.

The use of the inhalation of sulphuric and chloric ethers, and of chloroform, in midwifery and surgery, was regularly brought before the last meeting of the American Medical Association. Members of that body were not only ready, but some were quite anxious to discuss the general subject. It was thought,



however, judicious to delay definite conclusions respecting the applicability of these agents in practice, until more extensive and enlightened experience had been obtained regarding them. Willing to contribute my observations to the general fund, limited and imperfect as they are, it is proposed to furnish a statistical table presenting the *result of Operations performed under Anæsthetic Agents.*

AMPUTATIONS.						
No.	Age.	Sex.	Place.	Cause.	Agent.	Result.
1	20	Male	Leg	Caries	Sulph. Ether	Good.
2	25	Male	Thigh	White swelling	Chloric Ether	Not good.
3	8	Male	Partial of Foot	Burn	Chloroform	Good.
4	36	Female	"	Caries	"	Too profound.
5	58	Male	Leg	Elephantiasis	"	Good.
6	4	Male	"	Caries of Ankle	"	"
7	40	Female	Toe	Caries	"	"
8	10	Male	Shoulder-joint	Gun-shot wound	"	"
9	45	Female	Thigh	Burn	"	"
10	14	Male	Meta-carp. phal. art.	Compound Fracture	"	"
11	15	Male	Leg	Gun-shot wound	"	"
LITHOTOMY.						
12	5	Male	* 2d March, 1848	Bilateral method	Chloroform	Good.
13	5½	Male	26th May, 1848	"	"	"
14	42	Male	6th Jan'y, 1849	"	"	Too profound.
15	6	Male	24th Feb'y, 1849	"	"	"
DISLOCATIONS.						
16	40	Male	Shoulder-joint		Chloroform	Good.
17	29	Male	Fore-arm, backw'd		Sulph. Ether	Good.
18	23	Male	Fore-arm, "		Chloroform	Good, 2d attempt.
19	23	Male	Fore-arm, "		Chloroform	Good.
20	40	Male	Head of Radius, "		Sulph. Ether	Not good—not carried far enough.
21	45	Male	Shoulder-joint		Chloroform	Good.
FEMALE MAMMA.						
22	42		September, 1848	Cancer	Chloroform	Good.
23	60		December, 1848	Cauliflower Ex., weight 3 lbs.	"	"
24	40		December, 1848	Schirrus	"	"
25	31		March, 1849	Fibrous Tumor, weight 2½ lbs.	"	"
OTHER TUMORS.						
26	80	Male	Thigh	Fibrous Tumor, 5½ lbs.	Sulph. Ether	Good.
27	40	Male	Neck	Fibrous Tumor	Chloroform	"
28	35	Female	Back	Lipoma	"	"
29	34	Male	Axilla	Fungus Hematodes	"	"
30	30	Female	Axilla	Fibrous Tumor	"	Good, but only partially adminis'd.
31	8 months	Male	Hand	Congenital-fibrous	"	"
32	50	Female	Shoulder	Lipoma	Sulph. Ether	Good.
33	34	Female	Forehead	Sebaceous	Chloroform	Good.

\* I give the date, supposing this might be the first operation under Chloroform in our country.

## OTHER OPERATIONS.

No.	Age.	Sex.	Place.	Cause.	Agent.	Result.
34	19	Male	Femur	Necrosis of	Chloroform	Good.
35	24	Female	Vagina	Re-establishing	"	"
36	40	Male	Jaws	Closure	"	"
37	20	Male	Urethra	Stricture	"	"
38	38	Male	Inguinal	Hernia, Taxis	"	"
39	38	Male	"	"	"	" 2d attempt.
40	38	Male	"	" operation	"	" 3d "
41	26	Male	Back	Incision for ball	"	Good.
42	60	Female	Back	Carbuncle, free incision	"	"
43	50	Female	"	"	"	" 2d time.
44	21	Male	"	Phymosis	"	Good.
45	"	Male	"	Secondary hemorrhage	"	"
46	36	Male	"	Detachment of arm from side of body	"	"
47	73	Male	Ear and face	Cancer of	"	"
48	18	Female	Fore-finger	Whitlow	"	"
49	8	Female	Leg	Excision, aneurism by anastomosis	"	"
50	5	Male	Shoulder-joint	Opening abscess	"	"
51	"	Male	"	"	"	" 2d time.
52	16	Male	"	"	"	Good, but only partially ad.
53	40	Female	Hand	Hare-lip	"	Good.
54	35	Male	"	Cut, needle	"	"
55	12	Male	"	Fistula in Ano	"	"
56	35	Female	Fore-finger	Strabismus	"	"
57	42	Female	"	Whitlow	"	"
58	15	Male	Fore-arm	Prolapsus Ani	"	"
59	30	Female	Neck	Pistol ball incisions	"	"
60	24	Male	"	Abscess opening	"	"
61	55	Male	Urethra	Fistula in Perineo	"	"
62	19	Male	* Testicle	Stricture	"	"
63	"	Male	"	Castration	"	"
64	20	Male	"	Secondary hemorrhage	"	"
65	"	Male	"	Fistula in Perineo	"	"

\* Equal parts of Sulph. Ether and Chloroform failed in this case to produce insensibility, even after a most faithful trial.

Embraced in the above report are fifty-eight cases in which chloroform was alone used; of the whole number, sixty four, there were three deaths—one on fourth day after the operation, one on the eleventh, and the third about six weeks after it—all supposed to have occurred entirely independent of the induction of anæsthesia. Before the class the past winter, of forty-three operations, this agent was employed eighteen times. I also removed, in the presence of the students, a large fibrous tumour from the thigh of a mule, the animal being fully in the state of chloroformisation. I have also administered chloroform in some cases of midwifery; occasionally, too, even in the

extraction of teeth—in some instances producing only a partial state of insensibility, in all exercising great caution, especially with this agent. Altogether, I may have seen the anæsthetic condition induced in about one hundred cases, during the past twelve months, and in only two of this number was there any unpleasant symptoms—too profound an impression by the cumulative effects of chloroform; at least, it was greater than was expected in these instances; but in each, as is now believed, independent of its proper administration.

I believe, in some cases, the local anæsthetic effect of chloroform may answer the purpose for minor operations. I have not ventured to use these agents in cataracts, or in affections near the brain.

From the facts above stated, I can subscribe the following opinions, taken from the *Monthly Journ. of Med. Sciences*:—

*“Chloroform in Surgical Practice.”*—At a meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Simpson asked Professor Miller and Dr. Duncan to state the extent to which they used chloroform in their public and private surgical practice.

“Professor Miller observed, that in the hospital and elsewhere the surgeons of Edinburgh have used chloroform in all their operations, with the exception, perhaps, of any such within the cavity of the mouth as were expected to be attended with much hemorrhage. And he could speak of its perfect success, and perfect certainty, and perfect safety, in the most unequivocal terms. There had been no misadventures, no failures, and now no fears of those spasms and other preliminary symptoms to which Dr. Simpson had alluded. In saying all this, he believed he was simply stating the opinion and experience of all his surgical brethren here; and that no one amongst them would deem himself justified, morally or professionally, in now cutting and operating upon a patient in a waking and sensitive state. Every professional principle, nay, the common principles of humanity, forbade it, seeing that surgery was now happily possessed of sure and safe means by which it could avoid the necessity of such cruelty. Those were strong opinions, strongly expressed, but, in answer to Dr. Simpson's question, it was impossible for him to say less.

“Dr. Duncan stated that he sincerely coincided in every part of the statement made by Professor Miller, and that, in his hospital and in his private practice, he constantly, like his other surgical brethren, used chloroform in all his opera-



tions, and even when making any painful examinations for the purpose of diagnosis. There was only one case in which he had found a difficulty in its application, viz: when operating for internal hemorrhoids, the patient not, of course, having the capability of protruding the bowel when anæsthetic.

“Professor Miller stated that, in operating for internal hemorrhoids, he had latterly been in the habit of making the patient first protrude the bowel; he then fixed the hemorrhoid with a vulsellum, chloroformed the patient, and afterwards terminated the operation.”

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## PART II.

### Reviews and Extracts.

#### BIBLIOGRAPHICAL NOTICES.

1. *On the Cryptogamous origin of Malarious and Epidemic Fevers.*  
By J. K. MITCHELL, A. M., M. D., Professor of Practical Medicine in the Jefferson Medical College of Philadelphia. Philad. Lea & Blanchard. 1849. 12mo., pp. 137.

The little volume whose title page is given above is decidedly one of the most interesting and important productions of the day. It is interesting because of the handsome garb in which the gifted author has clothed naked facts, and important from the impulse it cannot fail to give to researches of a novel character in relation to a subject which has a direct bearing upon a very extensive class of diseases and which has been hitherto involved in the most perplexing obscurity. No study has engrossed more time and talent, from the dawn of Medical Science up to our own times, than that of the causation of fevers; and yet there is perhaps none in which so little real advance has been made. This is so true, that many of the ablest pathologists of the day have abandoned it in despair, preferring to direct their energies upon the more promising inquiry after remedial means. If the work of Prof. Mitchell accomplished nothing more than to rid medical literature of such unmeaning words as malaria, marsh miasmata, atmospheric poison, &c., much would be gained. It does more however; it opens to us a new field of observation, and one which, if properly tilled, must necessarily yield an abundant return.

The work before us consists principally of facts in relation to the production and influence upon the animal economy of fungi, which, after being carefully collated, form the basis of an exceedingly ingen-

ious and plausible theory. We cannot at present give a more satisfactory and condensed view of the work than may be derived from the caption of the six Lectures of which it consists.

“LECTURE I. Theories of Malaria.—The Vegeto-animal Theory.—The Atmospheric Theory.—The Sulphur-product Theory of Daniel.—Theory of Hoffman.—Gaseous Theories.—Miscellaneous Theories.—Theory of Dr. Robert Jackson.—Theory of Dr. Ferguson.—The Animalcular Theory.

“LECTURE II. Habitudes of the Fungi.—Traces, among Authors, of the Fungous Theory.—Rapid growth of the Fungi.—Their Poisonous Properties increase as the Latitude decreases.—They are found chiefly in Autumn.

“LECTURE III. The Fungi are active almost exclusively at Night.—Fungiferous power of Epidemic Periods and Seasons.—*Sudor Anglicanus*.—The Milzbrand.—The Milk-sickness of the Western Country.

“LECTURE IV. Poisonous Quality of the Fungi.—They produce Fevers.—They produce Fevers which Remit or Intermit.—They produce Fevers with Gangrene.—Fungi cause the Potato Rot.—The Fungi in the Atmosphere.—Fungi cause many Cutaneous Diseases.—They also cause Aphæ, a disease of the Mucous Membrane.—They are found in the Stomach, in the Bowels, in the Peritoneal Cavity, are associated with Indigestion, appear in Typhoid Fever, in the Bladder, on the Pleura, in Cholera, and in Diabetic Urine.—The Fungi cause many diseases of Insects and Reptiles, as the Muscardine of the Silkworm, &c.—They seem, according to Scripture, to produce Scalls and Leprosy.—They are found after death in Pigeons, Fowls, and other winged animals.

“LECTURE V. The Fungous Theory explains the cause of the Postponement of the Effects of a Malarious Infection, and accounts for the nice Limitation of Malaria, for the Effects of Dried Air, of Damp Sheets, of Fomites.—Yellow Fever.—Cholera.—The Plague.—Localization of Peculiar Diseases.—Quarantines.—Pestilential Premonitions.

“LECTURE VI. Hygienic Inconsistencies of Seasons and Places, explained.—The Maremma of Italy.—Volcanic Eruptions affect the Health of the following, and not of the current year.—Fairy Rings.—Liebig's Theory of the Cause and Non-recurrence of Diseases, refuted.—A new explanation of these, offered.—Why the first Cases of an Epidemic are most Fatal.—Why Barren Plains are sometimes Sickly.—Recapitulation.”

We add the author's Recapitulation of the most important elements of his argument.

“I began, by showing that all the usually received opinions on this subject, are liable to insuperable objections, except that which refers to the causation by organic life, and especially by animalcules, as held by Columella, Kircher, Linnæus, Mojon, and Henry Holland.

“While I was impressed, for the reasons so ably stated by Holland,

with the greater probability of the organic theory, I prefer, for reasons stated by myself, the fungous, to the animalcular hypothesis.

“My preference is founded on the vast number, extraordinary variety, minuteness, diffusion and climatic peculiarities of the fungi.

“The spores of these plants are not only numerous, minute, and indefinitely diffused, but they are so like to animal cells, as to have the power of penetrating into, and germinating upon, the most interior tissues of the human body.

“Introduced into the body through the stomach, or by the skin or lungs, cryptogamous poisons were shown to produce diseases of a febrile character, intermittent, remittent and continued; which were most successfully treated by wine and bark.

“Many cutaneous diseases, such as *favus* and *mentagra*, are proved to be dependent upon cryptogamous vegetations; and even the disease of the mucous membrane, termed aphthæ, arises from the presence of minute fungi.

“As microscopic investigations become more minute, we discover protophytes in diseases, where, until our own time, their existence was not even suspected, as in the discharges of some kinds of dysentery, and in the *sarcina* of pyrosis. We are therefore entitled to believe that discovery will be, on this subject, progressive.

“The detection of the origin of the muscardine of the silk worm, and a great many analogous diseases of insects, fishes and reptiles, and the demonstration of the cryptogamism of these maladies, their contagious character in one species of animals, their transfer to many other species, nay even to vegetables themselves, all concur to render less improbable the agency of fungi in the causation of diseases of a febrile character.

“A curious citation was subsequently made, of the fungiferous condition during epidemics and epizootics. These moulds, red, white, yellow, gray, or even black, stained garments, utensils and pavements, made the fogs fetid, and caused disagreeable odors and spots, even in the recesses of closets and the interior of trunks and desks.

“These moulds existed, even when the hygrometric state did not give to the air any unusual moisture for their sustentation and propagation. Their germs seemed to have, as have epidemics, an inherent power of extension.

“The singular prevalence of malarious diseases in the autumn, is best explained by supposing them to be produced by the fungi, which grow most commonly at the same season. The season of greatest photophytic activity, is, in every country, the period of the greatest malarious disturbance. The sickly season is, in the rains in Africa, in the very dry season in Majorca and Sardinia, in the rainy season of the insular West Indies, and in the dry season of Demerara and Surinam. Even when the vegetation is peculiarly controlled, as in Egypt by the Nile, and the cryptogami are thus thrown into the season of winter and spring, that season becomes, contrary to rule, the pestilential part of the year.

“Marshes are a safe residence by day, whilst they are often highly dangerous by night. In the most deadly localities of our southern



country, and of Africa, the sportsman may tread the mazes of a swamp safely by day, although at every step, he extricates vast quantities of the gases, which lie entangled in mud and vegetable mould. This point, so readily explained by reference to the acknowledged nocturnal growth and power of the fungi, is a complete stumbling-block to the miasmatisists.

"The cryptogamous theory well explains the obstruction to the progress of malaria offered by a road, a wall, a screen of trees, a veil or a gauze curtain.

"It also accounts for the nice localization of an ague, or yellow fever, or cholera, and the want of power in steady winds to convey malarious diseases into the heart of a city, from the adjacent country.

"It explains also well, the security afforded by artificially drying the air of malarious places, the exemption of cooks and smiths from the sweating sickness, the cause of the danger from mouldy sheets, and of the sternutation from old books and papers.

"On no other theory can we so well account, if account at all, for the phenomena of milzbrand and milk-sickness, the introduction of yellow fever into northern ports, and the wonderful irregularities of the progress of cholera.

"The cryptogamous theory will well explain the peculiar domestication of different diseases in different regions, which have a similar climate; the plague of Egypt, the yellow fever of the Antilles, and the cholera of India. It accounts, too, for their occasional expansion into unaccustomed places, and their retreat back to their original haunts.

"Our hypothesis will also enable us to tell, why malarious sickness is disproportionate to the character of the seasons; why it infests some tropical countries and spares others; why the dry Maremma abounds with fevers, while the wet shores of Brazil and Australia actually luxuriate in healthfulness. The prolonged incubative period, the frequent relapses of intermittents, and the latency of the malarious poisons for months, can only be well explained by adopting the theory of a fungous causation.

"Finally, it explains the cause of the non-recurrence of very potent maladies, better than the chemical theory of Liebig; and shows why the earliest cases of an epidemic are commonly the most fatal."

It will be seen that we have not exaggerated the merit of Prof. M's work, and that it deserves the attentive perusal of every medical philosopher.

Daggs

2. *Manual of Physiology.* By WILLIAM SENHOUSE KIRKES, M. D., assisted by JAMES PAGET, Lecturer on General Anatomy and Physiology at St. Bartholomew's Hospital. With 118 illustrations on wood. Philadelphia: Lea & Blanchard. 1849.

This is a very neat duodecimo of 552 pages, and remarkably well adapted to beginners in the study of medicine. It is more erudite

than manuals generally, but not too much so, and is fully up to the modern state of our knowledge. Indeed Physiology, under the influence of the researches now being made in organic chemistry and with the microscope, is progressing at such a pace that it has to be re-written at short intervals in order that the student may know its true position. The work before us will doubtless be extensively used as a text book in our country. D.

3. *A Practical Treatise on the Domestic Management and most important diseases of advanced life; with an Appendix containing a series of cases illustrative of a new and successful mode of treating Lumbago and other forms of chronic Rheumatism, Sciatica and other neuralgic affections, and certain forms of Paralysis.* By GEORGE E. DAY, M. D., Fellow of the Royal College of Physicians, and Physician to the Western General Dispensary. 8o. pp. 226. Philadelphia: Lea & Blanchard. 1849.

Although the diseases of old age, like those of infancy and childhood, present important peculiarities, it is a little remarkable that they have not attracted the same attention. The press is continually issuing new volumes upon the affections of early life, whereas the one before us is the only monograph devoted to advanced age that has appeared in the English language during the present century. It will therefore fill a void in our medical libraries that must have been seriously felt by the practitioner. The work of Dr. Day bears the impress of research and experience, and is gotten up in good style. Its appendix contains an account of the use of the heated iron hammer or button which has of late been recommended very highly by Continental as well as by English authorities of distinction, especially in the treatment of neuralgic affections. We have no doubt that this work will be consulted with advantage by practitioners, both old and young. D.

4. *Obstetrics: The Science and the Art.* By CHARLES D. MEIGS, M. D., Professor of Midwifery and the Diseases of Women and Children, in the Jefferson Medical College of Philadelphia, &c., &c. With 121 illustrations. Philadelphia: Lea & Blanchard. 1849.

In every department of Medicine, and especially in that of obstetrics, during the last few years, systems on systems have appeared in constant succession; there has been a superabundance of such works; physicians have become wearied of seeing the announcement of new systems, which of all publications are, generally, least valuable to the profession and least calculated to secure permanent reputation for their authors; they are ephemeral in their nature, shining for a day and

then passing away to be succeeded and superceded by new aspirants after popular favour, laying claims or making pretensions to greater perfection, professing to post the whole subject up to the latest date, to include all the recent discoveries in science and improvements in practice.

Such publications must be but republications to a considerable extent; they must necessarily consist principally of compilations and collations from previous authors; the language may be different, but however varied the phraseology, the matter must be the same, for all facts in nature and truths in science must be forever immutable. The most valuable publications are monographs or treatises which give the opinions, or detail the practice and experience of their authors on particular subjects. Such are Collins' Practical Treatise on Midwifery—Hamilton's Practical Observations on various subjects relating to Midwifery—Lever's Essay on Organic Diseases of the Uterus—Bennet's Practical Treatise on Inflammation, Ulceration and Induration of the Neck of the Uterus, &c.—Whitehead on Abortion and Sterility—and Lee's Clinical Midwifery, a very small but most valuable work recently republished in our country, noticed in the last number of this Journal.

It is to be regretted that Professor Meigs has employed his excellent talents so unprofitably, and expended his energies in translating the works of others and composing a general system, when he might have done so much more good and gained for himself so much more lasting fame, by concentrating his attention on some particular department, or on one or more individual subjects. We hope, if his valuable life should be longer spared and his health restored, that hereafter he will only tell us what he has seen and done himself, and give us his own observations and reflections, leaving others who have more time and less to do, and who may be ambitious to shine, by reflected light, to translate and edit the works of others or to compile systems.

But we bid the present work of Prof. Meigs a more hearty welcome than we would an entirely new system, appearing as it does in place of a third edition of his Philadelphia Practice, which was published more than ten years ago, and of which a third edition was demanded.

It is highly creditable to Professor Meigs, thus to re-write, remodel, extend and improve his former work, when his advanced age demanded rest, and his long continued arduous labors in the cause of humanity so richly entitled him to it, especially too as there could be no doubt but that a third edition, without revision or amendment, would have commanded a ready sale.



Time will not allow us to make a critical analysis of this work. In substantial merit, it will compare well with any of the systematic treatises on midwifery which have appeared within the last ten or twenty years: it is a very complete and comprehensive system, comprising every thing valuable and interesting in obstetrics, both old and new. The author gives his own opinions and views with firmness, but always acts with the utmost fairness towards those who differ from him.

We have long regarded Dr. Meigs as one of the soundest and ablest obstetric practitioners in the United States. The present work possesses much true merit: the matter is generally excellent, we take pleasure in recommending it as a valuable help, not only to students, to whom it is particularly addressed, but to those engaged in practice; it is, however, to be regretted, that in style he too often deviates from that simplicity and chasteness, which should characterize all scientific and especially medical works. It is sometimes turgid, inclining to magniloquence and savouring a little of pedantry, abounding in quotations from ancient and foreign languages. The author, in the abundance of his learning, appearing to forget that those to whom it is particularly addressed, medical students, rarely, if ever, possess the same extensive scientific and literary acquirements that he himself does. These defects of style are particularly to be regretted, inasmuch as, from his deserved popularity, they are calculated to exercise an unfortunate influence over the taste of young physicians and students, who, like other young persons, are disposed to imitate those whom they respect and admire.

It has been often remarked, that elderly gentlemen are averse to adopt or admit the value of new discoveries or improvements in practice, and to regard them as useless or injurious innovations on the good old beaten paths. Professor Meigs is perhaps less obnoxious to this charge in general, than almost any person of his age—far from this, he seems disposed to float upon the very foremost wave of improvement, or by spreading every sail and bending every oar, to out-ride the waves, or, as though he would after ascending the loftiest pinnacle, boldly take still a higher step; but he appears to entertain an undue prejudice against chloroform—indeed, if we did not know him to abound in the milk of human kindness, and to be most emphatically and truly the female's friend, we would consider him deficient in sympathy for the fair sex. For our own part, although on the dark side of forty, the age opposed to innovation, we hailed with delight a discovery which promised to meliorate woman's hard fate,

and soften the severity of the primeval curse ; notwithstanding our difference on this subject, we do not, however, believe our respected friend possesses less gallantry or charity than ourselves. As our opinions respecting chloroform are already known to the readers of this Journal, having been expressed a year ago in a letter to the Editor, in which we replied to some of Dr. Meigs' objections, it would be superfluous to repeat them now, we will only add that subsequent experience has confirmed our opinion and strengthened our confidence ; still we say let it always be used with caution and not in ordinary cases, but only when intense suffering demands relief.

In the employment of instruments, the author inclines more to French than British obstetrics. No one would contend more strenuously than ourselves, that the forceps should always be preferred to the crotchet, as long as there is any doubt of the death of the fœtus, until they had been fairly tried, or after mature consideration rejected as inadequate, or their application deemed impracticable. But we verily believe, on the continent of Europe and in the United States, more mothers are injured and children destroyed by the unnecessary employment of embryospastic than embryotomic instruments, inasmuch as, in practice, there is a constant disposition to resort to the former sooner than necessary, or when not required, and so great a repugnance and abhorrence to the latter, that they are deferred to the last extremity, often too long. As a gentle counterpoise to some of Dr. Meigs' views on this subject, which in the main are excellent, we would advise the student and young practitioner to read attentively, at the same time, his friend Dr. Robert Lee's Clinical Midwifery.

There are some other points in which we can not fully coincide with the author, but where we find so much to approve, we will decline further criticism, preferring that others should read and judge for themselves, hoping they may derive the same pleasure and profit that we have from the perusal.

J. A. E.

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*The Heart-Clot.*—(From Philad. Med. Examiner.)

To the Editors of the Examiner :

GENTLEMEN : I beg leave, through the columns of your useful periodical, to present the statement of certain opinions I have long entertained, relative to points in pathogeny connected with the occurrence of endo-cardial coagula ; and I do so, because I consider them deserving of serious consideration by the practitioner.

These opinions are connected with certain points of practice or treatment that are, in many cases, indispensably necessary for the safety of the sick; and my sole desire in offering the communication, is founded on the hope that it may tend to prevent some disastrous events, which the want of a little reflection might allow.

I believe it is a fact, not to be controverted, that in an animal slowly bled to death, the first portions of blood extravasated, coagulate less readily than the last portions. If this doctrine is true, it follows that the coagulability of the blood left in the vessels after great hemorrhages is augmented: I have had several occasions to find that it is dangerously augmented.

To take one of the most ordinary cases of hemorrhage—I mean that occurring after labour, or in abortions—we have an instance in which, even after the arrest of the bleeding, the patient is exposed to mishap from the coagulability of the blood remaining in the vessels. Loss of blood produces a tendency to fainting, or lipothymia; during an attack of fainting, the motions of the heart are enfeebled, the diastole slow—torpid, for the blood moves languidly in both the *venæ cavæ*, pours itself out in a slow current into the auricle, which it sluggishly distends, and sometimes is then instantly converted into a solid clot. If a clot be formed in the right auricle, it will also be formed in the *iter ad ventriculum dextrum* filling up the cone of the tri-cuspid valve; and the nucleus of it will cause the coagulum at length to occupy the cavity of the right ventricle, and extend itself to a greater or less distance along the tractus of the pulmonary artery. If the whole pulmonic side of the heart should be perfectly occupied in this way, the death of the individual would be instantaneous; and I doubt not, that many of the examples of sudden death, after delivery in hemorrhagic labours, are produced by the formation of cardio-morphous coagula which form in the instant of a state of fainting, or lipothymia. It is understood, that the young Princess Charlotte, whose death at Clermont cast a mournful gloom over the whole British Empire, died within fifteen minutes after the birth of the princess, and that there was no very considerable hemorrhage, no laceration, nor other incident that might fitly explain the suddenness of her decease. Many women are known to perish in this manner. I have been the eye-witness of instances of the kind. I have also seen a very great number of persons, who appeared to me to be in danger of perishing in the same way, but who escaped a fate so deplorable. I am aware also of instances in which women, after considerable hemorrhagic losses, have been esteemed by their physicians to be what is called doing well, during a space of from one to seven days,



but who afterwards becoming *instantly* extremely ill, have perished without remedy in from two to twenty days thereafter.

If a surgeon, desirous to reduce a luxated humerus, should attempt to do so, he might find the resistance of the muscular contraction so great as to prevent his success, and he would therefore probably resolve to take away the resistance of the muscular contraction, by bleeding his patient *ad deliquium*. The surgeon knows that the deliquium would take effect upon the loss of a much smaller quantity of blood if the patient should be placed upon his feet in a standing posture, than if he were to recline upon his bed in a low recumbency. He would bleed the man while in an erect position. This ordinary practice is conformable with the dictates of experience in all cases of fainting, for it is well known that an individual will faint more readily in a vertical than in a horizontal position; and the first idea that is obvious to any medical man in a case of fainting is this—that he shall cause the patient to be laid with the head very low, taking away for the time even the pillow. I have on many occasions, besides taking away the pillow, found myself under the necessity of elevating the foot of the bed by placing books or blocks under the lower bed-posts in order to favour the determination of blood to the encephalon; for I conceive that in all cases of fainting the brain has become oligæmic.

I may assert the opinion here, that fainting is oligæmia of the encephalon, and that a hyperæmia of the encephalic bulbs is the very converse of and absolutely incompatible with the state of swooning. To raise up a woman who has within the few days past lost a considerable quantity of blood is almost inevitably to bring on deliquium. Now, if the idea be just that hemorrhage renders the remaining blood more coagulable, then it follows, that to take the woman out of bed, or to let her sit up in bed, is to expose her to the hazard of forming a coagulum in the right auricle, which, by extension of the nucleus, may fill the ventricle, occupying the aperture of the tricuspid, and pass several inches upwards in the course of the pulmonary artery and its branches. Monthly nurses, and the ordinary attendants of the sick know nothing of these things, and they hesitate not, oft-times, to exhort or to permit the anæmical accouchée to rise and sit for a few moments for purposes that might be answered without quitting the horizontal position.

A lady was taken in labour in the afternoon. She sat in her arm-chair all night without sleeping: at five o'clock in the morning she placed herself upon the bed and the child was born in half an hour. The placenta was spontaneously and perfectly extruded, nothing being left in the womb: it was her fifth labour. Within an hour she had hemorrhage—the vagina and uterus

contained large coagula which were turned out by the physician, whereupon the hemorrhage ceased: she may have lost altogether some thirty ounces of blood. He remained near her for several hours. At mid-day, throughout the afternoon, and during the following night, she appeared to be perfectly well. At half-past nine the following morning the physician made his visit; she was without pain or the least indisposition, nor had she any symptoms, save those that appertain to the condition of a healthy accouchée. Her pulse was about 75 beats per minute; the respiration, temperature, and hue, satisfactory to the medical attendant; her complacency, physical and moral, was absolute.

The physician left her at 10 o'clock in the morning. Being summoned again, he reached her apartment at 1, P. M., and found her in a state, which led him to suppose that she might be near dying. The pulse was 164 per minute, very feeble and thread-like; the hands were cold, and the respiration was performed apparently by the strongest effort of her will only. The respiratory acts were performed with great violence, and without rythm. Auscultation of the heart disclosed a feeble impulse, with great irregularity of the systolic action. She had lost no more blood beyond the ordinary lochial discharge; the vagina which was examined contained no coagulum.

When I came into the apartment at 3 o'clock, P. M., she supposed herself to be in a dying state, and asked me if I thought she would live half an hour. It is difficult to conceive of a spectacle of more extreme physical distress than that presented by this dying lady. Every respiratory act was attended with violent pain referred to a place near the lower extremity of the sternum, as in angina pectoris. Palpation of the abdomen and questions relative thereto, showed nothing abnormal there. Upon retiring for consultation, I expressed to my medical brother the opinion that the pulmonary heart was filled with a coagulum or false polypus; the prognostic, therefore, was necessarily fatal.

She had been left at 10 o'clock in the morning with a pulse at 75, and in the course of the forenoon she had been taken up from her recumbent position, and allowed to sit upon the close-stool for the purpose of evacuating the bladder of urine, immediately after which she was ill, and the physician sent for.

I made this diagnostic upon these grounds, viz: I said, there is no pathogenical principle that I know of that can explain the change of her pulse from 75 to 164, in so short a time, save that of a mechanical obstruction formed by a clot or tampon filling up the cavities of the heart. It is clear that there is no scarlatina, no variola, no fever of any kind—no attack of Asiatic

cholera nor other malady, that is capable of making so soon, so great a change in the action of the heart as is here observed. The patient had hemorrhage yesterday, which has increased the coagulability of her blood; she was taken out of her recumbent position and placed upright in bed, whereupon she became suddenly ill in consequence of the coagulation of blood in her auricle, and there is no power that is able to remove this tampon from the cavity of her heart; it will destroy her as effectually as would a musket ball deposited in the ventricle.

The respiration in this case was carried on, at the time of my arrival, solely by the force of the voluntary power. There seemed to be no rythmical respiration whatever; when she ceased to breathe by her volition, her respiration appeared to be suspended altogether. As might be expected, these voluntary aspirations were not rythmical, but interrupted, uncertain, having long intervals. The blood that came up from the inferior cava and down from the upper cava, must have passed with great difficulty between the superficies of the clot, and the paries of the heart. It must have moved in small quantities only through the tricuspid, and when distending the pulmonary ventricle, that ventricle could contain but a small portion of fluid blood, being mainly occupied by the coagulum. A similar difficulty existed as to the afflux of the blood along the pulmonary artery, which was tamponed at the time with a cylindrical clot extending several inches along the vessel and its principal branches. Under these circumstances, the quantity of carboniferous blood entering the lungs by the pulmonary artery, for aeration, could be a small quantity only; hence the violent almost spasmodic protracted efforts to aspire the air of the atmosphere; efforts which, however great, must measurably fail of the purpose of abolishing the direful sense of pulmonary oppression, or respiratory distress, or to use a more concise term, asphyxiation. The quantity of blood in the lungs was too small to receive the endowment of oxygen which is requisite to preserve any individual from a feeling of suffocation; and however thorough might have been the aeration of the small quantity that was there, however brilliant and florid may have been its arterial hue after being breathed upon, the quantity of oxygen imparted to it must necessarily be sufficient so to act upon the nervous mass, the neurine, as to hinder the conscious principle from perceiving the sense of asphyxiation. With a heart situated in this manner—with the utter impossibility of thoroughly oxygenating the sanguine mass, the innervation gradually fails—a failure which is manifested in the decadence and ultimate overthrow of the various functions. All the functions are but the expressions of the biotic force that is sent



down by the encephalic bulbs and spinal cord to the distal points of the nerve-fibrils in the organs. Every acinus of a gland is alive solely by the nervous force which comes into it by the fibril that connects it with the nervous mass, to obey whose mandate is to live, while to fail of receiving it is command to die; the same is true of every part and particle of the histological constitution.

As the encephalic bulbs certainly cease to irradiate the organs when they themselves cease to receive through the oxygeniferous streams injected into them by the carotids and vertebrales, the supplies of oxygen which alone enable them to evolve the life force, the nerve force, the *lebenskraft*, the biotic force—it follows, that the organs die in the same ratio as those bulbs fail and perish.

One is not surprised, therefore, upon observing that a person in good health, like this unfortunate lady, the right side of whose heart becomes suddenly, instantaneously tamponed by a coagulum, should fall a victim, and that speedily, not to the presence of the clot alone, but to disease developed in other parts, whose life is overthrown in consequence of the obstruction of the prime organ of the circulation. Only a few hours could pass with a large coagulum in the heart, before the pericardium would begin to be filled with serum, or the embarrassments in the pulmonary circulation seek in vain for relief, by pouring out a vast effusion of water into the cavities of the pleura; or the innervative force being withdrawn from the viscera contained within the abdomen, whose venous blood is prevented from flowing off through the pulmonary artery, there is set in motion in the peritoneal sac, a tide of effusion filling it up in the course of a few hours.

In all such cases as those of which I am speaking, the escape of the blood from the venous side of the sanguine circle is retarded, with the effect of producing enormous engorgements of all those venous branches, which usually and readily allow their products to run off through the ascending and descending cavæ. Let the reader perpend for a moment the condition of that portion of the vascular system which receives the aortic injections by the cæliac and the superior to inferior mesenteric arteries; let him reflect that the whole of this torrent, which is entirely expended upon the chylopoietic and alimentary organs, is first collected by the capillary radicles of the portal vein, then distributed again among the capillary termini of the hepatic porta, whence it is a second time collected to flow off by the hepatic veins. Now, if the auricle and ventricle are tamponed by an endocardial coagulum, this whole torrent is inevitably arrested, and the cavities become immediately en-

gorged by the continued injections from the aorta, leaving no grounds of astonishment as to sudden or fatal derangement of the healthy states of the tissues that are developed by it.

The time required for extinguishing the life of the sufferer is a variable time; one relative to the magnitude and extent of the coagulation. I can imagine that in the case of the Princess Charlotte, already alluded to, a coagulum was formed which filled the heart so completely, as to put an end to its action within fifteen minutes after the birth of the princess. My patient above-mentioned, lived forty-eight hours after the occurrence of the accident, during which time she suffered the most inexpressible respiratory distress. She filled her pericardium with serum, while her peritoneal cavity became also the subject of a great effusion. Upon examining the heart twenty-four hours after her decease, one might feel surprised that her life could be so long protracted, since the auricle, tricuspid, and ventricle were completely tamponed with a clot which was not an entanasial clot, but consisted apparently of a firm, whitish-yellow mass of fibrine, out of which every particle of hæmatoglobulin had been washed away, or expressed. An entanasial clot is, in my opinion, necessarily a red one; a pre-entanasial one ought to be white.

A patient in this city was delivered early in the morning. Soon after the birth of the child and the delivery of the placenta, the physician descended to the breakfast room, having given strict charge that the patient should preserve the recumbent position, and be kept quiet. While at his breakfast, cries from the top of the stairway called him, for "God's sake," to hasten to the assistance of the patient. In a moment he was at her bed-side, where he found her already dead, having fallen backwards across the bed with her legs hanging over its side. He was told that she had said to her nurse, "I wish to get up,"—"The Doctor says, madam, you must not get up, if you please." "But I must get up, I will get up." She threw her feet out of the bed, and rose up sitting upon its edge; her head reeled to and fro, and she fell back and expired. No examination was made of the dead body, but I ask the reader to explain the cause of this sudden death, otherwise than by the rationale that her heart ceased to beat because it became instantly filled with an immovable clot.

Man cannot die, save by the cessation of activity in the brain, or in the heart, or in the lungs; he lives within this triangle, and can only escape at one of its angles. He must die by the brain, or by the heart, or by the lungs. It is to the last degree improbable that this woman perished solely because her brain ceased to evolve; but if it did not *instantly* cease to evolve, it

must have continued to be the cause of motion everywhere. If the heart, as I suppose, became instantly filled with congealed blood, so that it could no longer receive nor discharge any portion of that fluid, the nervous mass would cease to live as soon as it should have consumed all the oxygen contained within its capillary vessels at the moment of the arrest of the cardiac circulation. The patient died by the heart.

A lady was confined in a natural labour, giving birth to a healthy child, at term. She lost a considerable quantity of blood at the time of the extrusion of the placenta, which left her feeble and pale. Her physician directed her to be kept quiet. She had a good day, and following night. At the morning visit the physician found her comfortable, and her condition was satisfactory to him. Soon after he left her apartment she was seized with violent alarming illness, whereupon he was recalled, and was again present after the lapse of about an hour. Her pulse was extremely frequent, feeble, and small; it continued frequent until the moment of her death, which took place about the nineteenth or twentieth day. On the eighteenth day, I think, I saw the lady, and formed the opinion that she was perishing on account of a false polypus, clot, or tampon in the heart, established there by the imprudent early uprising after a hemorrhage. After her death a great quantity of water was found in the cavity of the right pleura, while a firm white coagulum, entirely destitute of corpuscles, was detected in the right auricle, filling up very much the cone of the tricuspid, while the ventricular end of it seemed to be torn or threshed to pieces by the cordæ tendineæ, which during so many days, had been vainly occupied in the endeavour to demolish it. The filling up of the pleura with serum was a natural consequence of the condition of the respiratory organs, quite as much so, but not at all more so, than was the filling up of the peritoneum and pericardium in the former case, consequences of the arrest of the circulation in the cava and its branches.

Towards the end of the year 1848, a primipara gave birth to her first child. She was tall, very slender, and delicate; the placenta was not removed; she lost a good deal of blood. Between forty and fifty hours after the birth of the child, upon being called to her succor, I removed the placenta from the cervix uteri in which it was grasped and detained. I removed it with the index finger of my right hand. The stench of it was noisome to the last degree. The putrid odour of it remained upon my hand for twenty-four hours, notwithstanding every effort to remove it. The patient was pale, and her pulse somewhat frequent, presenting the usual characteristics of the anæmical pulse. On the following day she was com-



fortable; the milk was secreted, the lochia healthy, and she was doing well, though still very pale. On the seventh day, she was placed in a chair before the fire, sitting up: she immediately felt sick, was put to bed, and I being called into see her, told her friends that she had formed a fatal coagulum in the heart. She lived about forty-eight hours after the accident; I did not examine her body. I leave the reader to judge whether my diagnostic was or was not probably correct. She had a pulse upwards of 160—the impulse of the heart feeble—the respiration disturbed—frequent.

On a great many occasions since I have been a practitioner of medicine, I have been called to see patients, who, after hemorrhagic labours, have disobeyed my injunctions as to horizontal rest, and who being prematurely lifted upright in bed, had fainted. I have not a doubt that among those of these persons in whom I found the heart fluttering, irregular and feeble in its action on my arrival, incipient coagulation existed. I have thought as I entered the room of a patient, that her auricular blood had begun to thicken, but was driven out from the auricle before its thorough coagulation, in consequence of the startling effects of a dash of cold water upon the face, or of clapping the hands, or snatching the pillow from under the head and shoulders, allowing the head to fall so as to favour the restoration of its vascular tension or even hyperæmia, and thereby re-establishing the perfect and powerful extrication of its innervative force. The re-excitation of the innervative force of the brain would probably soon enable a heart so situated to discharge itself of the inchoate coagulum.

It is not needful that I should draw out this paper to any great length; nor that I should discuss the reasons why so many autopsies present the evidences of the endo-cardial clot of which I have spoken, without having excited in the mind of the attendant practitioner, the suspicion of its presence before the death of the patient. It appears to me, to be enough for the present occasion, to propound the question—Can a patient with a white clot in the auricle and ventricle recover? If such a clot be a small one, the pulmonary circulation, although checked, is not necessarily suspended, but the nucleus of such a clot, like the nucleus of an urinary calculus, tends constantly to increase in size, and hence a small coagulum, which strangely disturbs the action of the heart, may consist with a considerable protraction of the struggle against its fatal power over the circulation. The gradual augmentation of the volume of the clot, and its extension into the pulmonary artery and its branches must in every case lead to an inevitable dissolution. I have not the least confidence in the power of alkaline medicines to dissolve such

coagula, nor do I admit that the dull white endo-cardial coagulum so often discovered is the result of a state of endocarditis; but I rather attribute its occurrence to a temporary stasis or near approximation to stasis during a state of fainting in an exhausted patient. Its occurrence after hemorrhagic labours, or upon the almost total suspension of the circulation at the cessation of an attack of puerperal eclampsia ought not to excite surprise. If a coagulum should fill the auricle and the tricuspid valve completely and at once, the death would be almost instantaneous and the clot would be found red. If the process of its formation should be long protracted it would be dull white.

I did not design in this paper, to speak at all of the entanasial coagulum; it is perhaps quite normal that some portions of the blood last reaching the heart, at the moment of death, should congeal there.

In regard to the diagnosis of cases in which the endo-cardial coagulum becomes suddenly constituted, as in the examples of which I have spoken, it appears to me that the medical observer, in order to make it, must resort to a method which is only to be fitly characterized as transcendental diagnosis. It is true that the feeble impulse and almost complete suspension of the sounds of the heart, might serve as quasi physical diagnosis of however little value.

By transcendental diagnosis I mean one made by a process of the mind, fitter to be called sentiment or conviction, than a regular ratiocinative progress.

To enter an apartment one has quitted only half an hour before, and to find a patient hopelessly ill with signs of imminent death, yet who had no serious symptoms of illness before—to find her making desperate voluntary efforts to breathe, without any signs of laryngeal or phrenic or pulmonic inflammation or accident—to see the face pale and ghastly—to observe her conscious sense of impending asphyxiation from loss of oxygen—without the leaden or iodic hue of a general cyanosis—These are the grounds of a diagnosis which may be called transcendental, one in which the consciousness of the physician informs him that a mechanical obstruction within the heart exists, and that such an obstruction alone can give rise to the phenomena.

In all the lingering or sudden progressions of the accidental disorders supervening in endo-cardial coagulum, no purely cyanotic manifestations have met my observation.

Writers on cyanosis mostly refer the cyanotic symptoms to the backing of the carboniferous blood of the veins into the capillaries. You, Messrs. Editors, are aware that I have maintained the opinion that cyanosis is, in its essence, not blueness

of the surface, but a state of the nervous mass produced by the absence of oxygen in the brain-capillaries.

The writers, and among them, perhaps in chief, Professor Rokitansky in his *Pathologische Anatomie*, contend that cyanosis depends most commonly upon constriction of the orifices of the great vessels of the heart, preventing the venous blood from escaping from the cavæ by the routes of the heart. Now, I aver that, no obstructions existing in the vessels of the heart can be more complete than that depending upon a large endo-cardial clot, or tampon; and yet I venture to say that under circumstances of such kind the victim perishes without manifesting the peculiar livor or cyanotic tinge which characterizes the forms of the malady, that are connected with open foramen ovale and imperfect action of Botalli's valve. It is my clear conviction, that as long as the respiration can be carried on in endo-cardial clot, the blood, however small in quantity that reaches the lung passing along the superficies of the clot, is highly charged with oxygen. While, therefore, oxygeniferous blood continues to reach the brain, the patient, though conscious of the want of oxygen in due quantity, is in a state different from that of one who injects only carboniferous or venous blood into the neurine of the encephalon.

My intention was to speak only of the white clot, the false polypus, to show the probability of its being formed under circumstances of deliquium, in the oligæmia that follows uterine hemorrhage; and thereupon show how dutiful a thing it is on the part of the attendant physician, to issue the clearest and most precise orders as to the guidance of the hemorrhagic accouchee. I believe that a woman who has lost a very great quantity of blood, and who is prematurely taken out of her recumbent decubitus, and placed upright upon the close-stool; whether in bed or not, incurs a most dangerous risk of a miserable and premature death, from the sudden formation of a heart-clot.

I am, gentlemen, your ob't servant,

CHARLES D. MEIGS.

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*On the Effects of different Winds on the Human Constitution.*

By J. C. ATKINSON, Esq., M. R. C. S., &c., of Westminster.—  
(London Lancet.)

My attention has been for many years turned towards extending the knowledge we already have of the influence of the winds in this country on health and disease. The subject seems to have been hitherto considered either as destitute of



much interest, or as nor presenting any point of practical utility, for I cannot find myself indebted to any particular author who has been the pioneer or forerunner in any investigations on this matter.

It will be, perhaps, proper in a preliminary way to observe, that our views in this country, of the operation of the winds, are mostly domestic and proverbial. Who does not intuitively repeat to himself the well-known couplet—

“When the wind is in the east,  
It's neither good for man nor beast;”—

and when he feels the sometimes keen influence of a dry breeze? What schoolboy does not recollect the story of a very rheumatic pedagogue, who always felt ill when the wind blew from that quarter? The mischievous boys, well knowing his infirmities, and his general severity of manner to them in the schoolroom at such times—

“Full well the boding tremblers learnt to trace  
The day's disasters from the morning face”—

determined to fix by a nail the vane of the weather-cock, which, being opposite his bed-room window, he was in the morning always in the habit of consulting, and this had the effect of making him—poor fellow!—remain in bed for one whole month.

With respect to the east wind “being neither good for man nor beast” there is no absolute truth in the common saying, which is purely an Eastern couplet, and not applicable to this country. The latter instance rather shows the power of the imagination over the body, than its real action.

There are various winds, however, possessing peculiar and distinct qualities. In southern Europe the sirocco, or south-east wind, is extremely insalubrious. It sometimes blows for several days together, to the great detriment of the whole vegetable and animal creation. The medium heat of this wind is calculated at 112° Fahr. It is fatal to vegetation, and destructive to mankind, and especially to strangers. It suspends the power of digestion; so that those who venture to eat a heavy supper while this wind prevails are commonly found dead in their beds the next morning, of what is called an indigestion. In Palermo, for instance, where its effects are strongly marked, the inhabitants—doctors included—shut their doors and windows, to exclude the air or wind. No one whose necessities do not compel him to quit the house, is to be seen while this tremendous wind continues to blow, and the streets and avenues of the city appear to be nearly deserted. Immediately on the prevalence of the tramontane, or north wind, which in a short time restores the exhausted powers of animal and vegetable life, Nature assumes her former appearance.

There is another equally pernicious wind, and of an extraordinary blasting character. which is occasionally felt in the Falkland Islands. Happily its duration is short, continuing to blow only twenty-four hours. It cuts the herbage down; the leaves of the trees are parched up; fowls are seized with cramps; men are oppressed with an interrupted perspiration, weight on the chest, and sore-throat. It has always been supposed that some mephitic vapour is generated during the prevalence of the above winds, and which produce all the bad effects above noticed in man and animals.

Before I proceed any further regarding the various winds and their operations, destructive or otherwise, it is necessary to consider what winds are. The motions of the atmosphere are subjected to the same laws as those of denser fluids. If we remove a portion of the water in a large reservoir, we see the surrounding water flow in to restore the equilibrium—if a portion, being rarefied by heat, or condensed by cold, ascends or descends, a counter-current in another part is the necessary and visible result. It is thus in the atmosphere. The eminent chemical philosopher, Dr. Priestly, ascertained that the atmospheric air is, in reality, a compound, and may be artificially produced by the union of oxygen and nitrogen gases. I admit that an atmosphere may be produced in this manner, but I deny that this is the constitution of the air as it is. The electrical powers have not been observed; for without them (the components oxygen and nitrogen possessing different specific gravities) how can the mixture remain without disturbance and derangement? The atmosphere, in chemical character, is pronounced to be the same in valley as it is at the highest elevation or latitude man has reached. Again, the difference between air of one country and that of another, has never been noticed as regards any of the components—viz., oxygen and nitrogen, and yet we find great differences as regards their operations on living structures and beings. To what can we attribute the variable influences of different winds, if not to something yet undiscovered—something which has wholly escaped observation? The emission of latent heat, as well as solar heat and electricity, gives rise to those changes distinct altogether from the chemical nature of the atmosphere.

The difference of the weight of the atmosphere which our bodies sustain at one time more than at another, is very considerable. On the increase of the natural weight the weather is bad, and people feel listless and inactive; but, on the contrary, when there is a diminution of the weight, the weather is commonly fine, and we feel ourselves what we call braced, and more alert and active. Hence it is no wonder that persons

suffer very much in heat from changes in the atmosphere, especially when they take place very suddenly. Thus we all know, that when the variations of the barometer and thermometer are sudden and great, illness will inevitably prevail; and during some years this is more observed than in others. Slow changes are never followed by any epidemic disorders: the human body being naturally endowed with the power of accommodating itself to his kind of change, no injurious consequences ensue.

I will, in a future number, enter into the particular character of other kinds of winds, and their good and bad effects, adverting fully to the winds generally prevailing in this climate, and their various influences on health and disease; and I will likewise point out, from my own experience of the uses of various philosophical apparatus, how far they are to be depended upon in conveying accurate information.

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*Hydropathy and its Evils—Report of a Case.* By C. B. GARRETT, Esq., Surgeon, Thames Ditton.—(Ibid.)

Five children, of a respectable family in my neighborhood, were attacked last month with scarlatina; all progressed well till Friday, Nov. 3rd, when one, a boy, through incautious exposure to wet and cold, was seized with inflammation, of the meninges. I saw him shortly after its commencement, in the evening, and adopted the proper therapeutic measures. The pain and screams of the boy increased during the night, and at the suggestion of an alarmed relative, who had been under this treatment, the hydropathic doctor was sent for early on the morning of the 4th. Wet sheets, towels, and bandages were lavishly applied; cold water lavements, cold water for food, and (*toujours perdris*!) nothing but cold water for food, drink, or raiment.

On my arrival I met this gentleman: "Sir," said I, "how do you expect your treatment to act?" "Derivatively," replied he; "cold water promotes absorption, attracts the morbid action to the skin, and instantly relieves the brain. The wet rollers round the loins act powerfully on the kidneys, and the lavements clear out the bowels. Taking nothing but cold water starves out the disease. Sir," continued he, "smash your bottles; you will adopt hydropathy in a week, and a splendid water-cure practice you will make." "I wish you could get rid of a toothach for me," said I, experiencing a twinge at that moment. "Sit with your feet wrapped in cloths of cold water for half an hour, and I will guarantee that you lose your toothach."

To proceed: my visits now ceasing to be professional, I con-



tinued them occasionally, out of curiosity. On the evening of the 4th, pain most acute; epileptic attacks frequent; pulse feeble, &c. On the 5th, pains diminished; pupils dilated; pulse slow and feeble; coma, insensibility, and great prostration of strength. The treatment went on till the morning of the 10th when, on the visit of the learned hydropathist, he shook his head and pronounced the boy *in articulo mortis*, put on his hat, and left the house.

My attendance was again requested. I found the little patient in a positive *pond of water* and wet clothes, bed and all soaked. He was perfectly unconscious of all around him, moaning and crying "Ma! ma! ma!" unconscious of his mother's presence; the symptoms, previously enumerated being, if possible, aggravated. The excretions were passed involuntarily, and he had not even swallowed water for twenty-eight hours! pulse almost imperceptible, and in every respect all but dead. A dry bed, dry clothes, warm milk-and-water, tonics, &c., soon revived him; a genial warmth pervaded the system, the pupils regained their natural calibre, consciousness returned, and with it a serenity and happiness of countenance, which too plainly evidenced the advantage of the change, and his lucky escape from this amphibious incarceration. On the 11th, he conversed cheerfully with those around him, took pleasure in his toys, and ate with much *goût* a mutton-chop for his dinner. He is now quite recovered.

This, Sir, is a part of the tale only, for the other four children were all hydropathed. Two had congestion of the brain, and the other two anasarca. The two former recovered, but one of the latter (urine becoming albuminous, bilious vomiting and purging) speedily died. The above circumstances I have related to you with the most perfect sense of candour and impartiality, entertaining as I do a deep respect for the opinions of others, however erroneous; and I must say, that my hydropathic friend acted throughout with much courtesy and unobtrusiveness, and appeared to attend the case reluctantly, and as though pressed against his inclination.

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*On the Pathological Changes in Mucous Inflammations.* By  
RUD. VIRCHOW.—(Amer. Journ. of Med. Sci.)

All inflammations are to be considered as alterations of the nutritive process, by which the plasma of the blood is thrown out of the vessels in increased quantity. In inflammations of mucous membranes, their anatomical relations cause the exudation of this plasma upon a free surface. The plasma itself

may be unchanged in constitution, or its fibrine may be increased in quantity. Differences in the constitution of the plasma determine differences in the result; and thus are established three leading forms of mucous inflammation;

1. *The Catarrhal Form.*—In this the quantity of the blood-plasma is increased, and thrown out on the free surface. The cells (of epithelium) are formed in greater quantity than normal; but they do not reach their normal development, being replaced constantly by an increased succession of new ones. The richer the plasma, the more rapid is the self-development. In the so called *chronic catarrh*, there are frequently found in the fluid cells quite perfectly developed, of the aspect of the ordinary epithelium. In acute cases the cells do not reach this stage of development; they do not take on the epithelial forms characteristic of the part, but are thrown off as round, more or less spherical, mostly single-nucleated cells (mucous corpuscles). In the very acute, particularly the blennorrhagic forms of inflammation, almost all the cells are found in the earliest stages of development, smaller, more delicate, and containing often three to five nuclei; in short, possessing all the characters of the ordinary pus cell. All these forms may be considered as different grades of the epithelium cell; or, if the name *epithelium* be dropped, as cells developed on the surface of a mucous membrane, and whose only difference is their different degree of development.

2. *The Croupous Form*—In this the plasma is not only increased, but is also altered in constitution, containing a large amount of fibrine, and coagulating more or less completely. The coagulum lies free on the surface of the membrane. This form is most frequent in the respiratory mucous membrane. The false membrane is either softened, friable (as in tracheal croup), and contains many cells; or it is of a more firm and fibrinous character (as in bronchial croup and exudation into the air-vessels, or true pneumonia), and contains the products of rupture of the capillary vessels, red and colourless blood corpuscles. In pneumonia the stage of hepatization, where the air-cells are filled with firm coagulated exudation, is generally succeeded by that of purulent infiltration, in which cells in every grade of development are formed in great abundance. In the first stages these cells have various degrees of resemblance to pus or epithelium; in the stage of resolution of the pneumonia, we find the air-cells full of granular cell and masses, or a finely granular emulsion, which are to be considered as the retrograde steps of the newly formed cells.

3. *The Diphtheritic Form.*—In this the exudation consists of nearly dry coagulated amorphous fibrine, and is infiltrated

into the tissues composing the superficial layer of the mucous membrane, or rather of the submucous cellular tissue; for when it projects from the free surface, it is generally covered by the epithelial layer. Where organization proceeds in this kind of exudation, it is generally very imperfect; more commonly it is entirely absent, and a superficial slough is formed. Hence this form has been rightly considered as allied to a gangrenous form of inflammation; it is, in truth, closely allied to hospital gangrene.—*Archiv. für Pathologische Anatomie, &c.* Band. I. Heft 2.

[We shall take another opportunity of adverting to these opinions, as well as to other views enunciated in this able journal. In the meantime, we may state that we agree in many of the author's conclusions, although differing from him in some points; as, for instance, in regard to the constitution of the blood plasma, which we believe to be *least* altered where the fibrine is in greatest quantity, as in the croupous and diphtheritic forms; and *most* altered where, as in the catarrhal forms, the inflammatory phenomena are but a slight alteration of the ordinary secreting process. We believe that the membrane, in its healthy state, possesses a power of selecting from the blood plasma a new product—mucus; that in disease the nature of this product is changed, and assimilated more and more to the plasma of the blood; in other words, that while the vessels acquire an increased power of pouring out the elements of the blood plasma, the power of the membrane to alter and select from these elements is diminished.—[*Monthly Journal and Retrospect of Medical Sciences.*

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*On the Treatment of Worms in Children.* By Dr. C. WEST.  
(Medical Gazette, in Braithwaite.)

[The symptoms said to indicate the presence of worms, are most of them, Dr. West remarks, of small value; and nothing short of seeing the worms can be regarded as affording conclusive evidence of their existence. When, however, the symptoms usually enumerated continue with varying severity for several weeks together, we have reasonable ground for suspecting the presence of worms, and as Dr. West observes:]

Fortunately the *treatment* which the general symptoms would lead us to adopt will be in a great measure such as, if worms exist, will prove most efficacious in producing their expulsion. The capricious appetite will induce us to regulate the diet with care; the disordered and generally constipated state of the bowels will lead to the employment of alteratives, and to the occasional administration of brisk cathartics; while the absence



of febrile symptoms will probably seem to warrant the employment of some of the preparations of iron. These remedies will in many instances not have been continued long before the appearance of worms in the motions encourages us to persevere in the same treatment. The combination of ferruginous preparations with active purgatives, is a plan especially effective in cases where the lumbricoid entozoa are present, and is likewise of much service in getting rid of the ascarides which inhabit the rectum, and in preventing their production. The latter worms, however, need to be assailed in their habitation; and, from the circumstance of their living in the lower end of the rectum, this is a sufficiently easy task. Enemata of lime-water usually answer the purpose of destroying them; but, should they fail, the addition of some two drachms of the muriated tincture of iron to the clyster is tolerably sure to make it effective. In young children these ascarides sometimes not merely occasion much itching and distressing irritation about the anus, but even produce a troublesome diarrhœa, attended with considerable tenesmus. Under such circumstances, the lime-water injection should be administered daily for two or three days together; while, at the same time, small doses of the castor oil mixture every six or eight hours will soothe the irritation of the bowels. In female children these ascarides sometimes creep up the vulva, and not merely cause much irritation there, but sometimes excite a leucorrhœal discharge, which ceases on the expulsion of the worms.

The alarming symptoms of cerebral disturbance which have sometimes been produced by worms in the intestinal canal, have resulted more frequently from the presence of the round worm than of other varieties of these entozoa. This, however, is not always the case; and in the only instance that has come under my observation, in which the occurrence of convulsions seemed clearly traceable to the presence of worms in the intestines, the small thread-worms were the cause of the symptoms. Apart from the knowledge which we have in many of these cases, that the child had previously been afflicted with worms, there is nothing in the symptoms which could enable us at once to distinguish between convulsions from this cause and those which result from some other source of irritation of the nervous system. In most instances, however, the child has passed worms frequently before the cerebral symptoms made their appearance, and not improbably was under treatment for the destruction of these parasites at the time when the nervous symptoms supervened. Even though this be not the case, the constipated state of the bowels which is almost sure to have preceded the occurrence of the convulsions,

indicates the employment of active purgatives—remedies which in most instances remove together these symptoms and their cause, although convulsions apparently induced by the presence of worms have sometimes had a fatal termination.

The *tænia* is, as was stated, much less common in childhood than after puberty; and in the few cases in which I have met with it during early life, I have been reluctant to try that heroic remedy, turpentine and castor oil, which is so serviceable in procuring the expulsion of tape worms in the adult. I have been accustomed to employ the decoction of the bark of the pomegranate root in  $\frac{3}{4}$  j. doses three times a day to a child of seven years old, interrupting its administration twice in the week, in order to give a purgative of scammony and calomel. Under this plan, pursued for several weeks together, large quantities of the worm have been voided, and the children have appeared entirely freed from this very troublesome parasite. I have not yet made trial of the administration of a dose of the decoction or powder of the pomegranate bark every hour for four or five successive hours, as recommended by Mr. Breton,\* who brought the remedy into notice in this country. I purpose, however, making a trial of this method on the next occasion that may offer, since the effects of the remedy, when thus administered, appear to be surer, as well as more speedy, than when it is given at long intervals.

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*Gun-Shot Wound—Ball in the Hip Thirteen Months.* By G. KIMBALL, M. D., Prof. of Surgery in the Berkshire Medical Institution, Mass.—(Boston Med. and Surg. Jour.)

George Church, a soldier of the Massachusetts Regiment during the late campaign in Mexico, was shot down in the battle of Molino del Rey, on the 28th of September, 1847. He was taken into Hospital the evening of the same day, and fell under the charge of one of the chief surgeons, Dr. Satterlee. It was found, upon examination, that a wound had been received in the hip—that a musket ball had entered just anterior to the great trochanter, and made its way, apparently upwards and forward, towards the anterior superior spinous process of the ileum. Attempts were immediately made to extract it, but they were unsuccessful. The wound healed very slowly, and it was not till nearly the end of five months that he was able to leave the hospital. He then returned home to Massachusetts, and gradually became so far restored as to be able to engage moderately in the common duties of farm-

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\*Medico-Chirurgical Transactions, vol. xi., p. 301.

ing. In the course of a few months after this, some 10 months from the date of the wound, he was seized with a violent paroxysm of epilepsy. Three weeks after, he was seized with another, still more violent; and thus they continued returning at intervals of every two or three weeks, till the latter part of October, 1848, when, at the suggestion of Dr. Guiteau, of Lee, his attending physician, he came to Pittsfield for the benefit of a surgical consultation. The result of this consultation, was an unanimous conclusion that the epilepsy had been induced by the wound in the hip—that a ball or some other foreign body, lodged there at the time the wound was received, was implicating some important nerve—and an operation, with the view of its dislodgment, afforded the most reasonable chance of relief. This operation, however, was not pressed with much earnestness. The efforts of the army surgeon, to the same end, had proved abortive in the first instance; and the present circumstances of the case, certainly gave no very flattering assurance that a second attempt would be more successful. However, the proposition was readily embraced by the patient, and the operation accordingly performed on the 28th of October.

A fistulous opening, sufficient to admit a common-sized probe, indicated the original course of the wound, to the extent of some three inches, and in a direction as before stated, towards the anterior superior spinous process of the ileum. As a most critical examination of the part, had hitherto afforded no idea of even the probable location of the ball, it was thought best to endeavor to reach it by tracing, if possible, this fistula through its entire course. A grooved probe was accordingly introduced, and pushed forward till it came in contact with the surface of the ileum. Upon this, a straight bistoury was introduced to the same extent, and the fistula, thus far, laid freely open. Its further continuation and direction were now detected, though with difficulty, from its course having been so entirely changed. A long probe being introduced into this new branch of the fistula, it was made to pass some 8 inches backwards and downwards, making its way along the surface of the bone, just under the crest of the ileum, till it reached the ischiatic notch, when it fell directly upon the ball, which was situated, it would seem, very near to, if not in contact with the sciatic nerve. An attempt was now made to bring into service, the ball forceps, but the length, the narrowness and unyielding callous walls of the fistula, rendered them quite useless. It seemed necessary, therefore, to lay open this passage still further, and it was accordingly done to the extent of some 5 inches. Again the forceps were introduced, the ball



readily laid hold of, and a good deal of force applied ; still it refused to yield. A bistoury was now passed into the bottom of the fistula, and the callous tissue immediately embracing the ball, carefully divided at several points, so that upon a third application of the forceps, it was brought away with comparatively little force.

This operation, undertaken with a good deal of reluctance, and, in view of the circumstances of the case, with serious misgivings as to its success, has been most satisfactory and gratifying in its results. From the day it was performed to the present time, there has been no return of epilepsy ; and the patient's health, which has previously been most seriously impaired, has now become so far restored as to make it safe to pronounce him perfectly well.

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### PART III.

## Monthly Periscope

*Extraction of a glass goblet from the Rectum.*—Case reported by W. S. W. RUSCHENBERGER, M. D., U. S. Navy, Fleet Surgeon for the East India Squadron. While recently on a visit to Canton, I derived the history of the following case from the notes and verbal explanations of the Rev. Peter Parker, M. D., Chief of the "Ophthalmic Hospital," &c., under whose notice it fell. The case seems to be so unusual, that I avail myself of Dr. Parker's consent, and submit it for publication. The first case affords us a glance at the debauchery practiced by a portion of the Chinese population about Canton.

On the records of the hospital, the case numbers 23,930. *Glass goblet extracted from the Rectum.*—In the evening of the 1st march, 1848, a young man, very respectable in appearance, solicited Dr. Parker's aid for his father, whom he had brought to the hospital. With many expressions, indicative of his sense of shame and mortification, he related that Loo, his father, then sixty years of age, had spent the preceding night in one of the "flower boats," or floating brothels on the river, with a prostitute. Under the insane excitement or intoxication produced by the combined influence of drinking spirituous liquors, and smoking opium, the lecherous sufferer, in mischievous frolic, forced a glass goblet, of the form and size indicated in the accompanying diagram, into the vagina of the companion of his sports. In the course of the night, Loo fell into a state of unconsciousness, when the woman sought her revenge. She carefully insinuated the base of the goblet within his anus, and then placing the end of her opium-pipe—a cylinder about an inch in diameter, and a foot and a half in length—at the bottom of the goblet on the inside, suddenly pushed it into the rectum, entirely above the sphincter.

Twenty-four hours had elapsed since its introduction. An angle of about a half inch of the rolled lip of the glass had been broken out by efforts made by friends to remove it.

Such was the report of the case when brought to the hospital for relief.

On examination, the glass was found firmly fixed in its position; it was very difficult to pass the extremity of the finger beyond its lip, betwixt its outside and the rectum. In Dr. Parker's opinion, it was impossible to extract it entire; and, therefore, though anticipating difficulty and danger in the operation, he determined to break it down. By means of forceps, such as used by obstetricians in breaking up the foetal cranium, commencing on the side nearest the pubis, he broke up the goblet and extracted it piece by piece, carefully guarding the parts by folds of cotton cloth as he proceeded, and removing the small sharp fragments which fell, with a teaspoon. After the bowl, or bell portion was removed, the most difficult part of the operation remained to be performed, for the hemorrhage was free, and the base of the goblet, with the sharp points of the sessile stem, resulting from the fracture, was high up in the rectum, and firmly embraced in a transverse position. Assisted by the bearing-down of the patient, the edge of the base was reached by the point of a finger, and with difficulty turned edgewise, guarding against fractured points by pledgets; then, by pressing the smooth side, or bottom of the glass against the rectum, it was at last extracted. Remaining fragments were sought for, and the intestine thoroughly washed out. To arrest the hemorrhage, which was considerable, strong solutions of sulphate of copper, and of alum, were injected, and temporarily confined in the rectum, by pressing a sponge against the anus. For a time the bleeding ceased; but during the night, several ounces of coagulated blood were evacuated; afterwards, there was no more hemorrhage.

The operation occupied an hour and a half. An opiate was administered, and the patient placed in bed. The general treatment consisted in rest, laxatives, and light diet; the rectum was occasionally injected with tepid water, and solutions of nitrate of silver.

On the fourteenth day the case was discharged, cured.\*

[*American Journ. of the Med. Sciences.*

*Quinine in Cholera.*—Dr. Little says, (*London Med. Gaz.*, Dec. 15th, 1848,) from all he has witnessed of malignant cholera, he is impressed with the belief that, it is more nearly allied to febres than to any other nosological class, and, consequently, he considers that quinine administered before the supervention of decided collapse in the large doses required to arrest malignant intermittents, say in doses of half a drachm and upwards, deserves a trial.—[*Ibid.*

*Employment of Nux Vomica in the Diarrhœa of Exhaustion.*—Dr. Nevins mentioned, at the meeting of the Liverpool Medical and

\* This patient should have been made insensible, and the tumbler turned by means of the hand introduced into the rectum.—[*Ed. S. M. & S. Journ.*

Pathological Society, the benefit derived from the employment of nux vomica in the treatment of the diarrhoea from exhaustion, chiefly observed in pauper patients, and especially children. In these cases he had repeatedly found no benefit from astringents and ordinary tonics, but the patients had rapidly improved under the use of the following prescription: Alcoholic extract of nux vomica (not officinal, but prepared by most wholesale druggists), gr. ss; rhubarb, gr. ss; saccharated carbonate of Iron, gr. j; blue pill, gr. ss; opium, gr.  $\frac{1}{8}$ , made into a pill, and taken three times daily. In many cases he omitted the opium altogether.

He attributed the benefit to the influence of the nux vomica, which by stimulating the nervous energy of the bowels, enabled the lacteals to absorb the nutriment from the food, and the large intestines to retain the fæces; whilst, at the same time, the iron acted as a permanent tonic; and the very small doses of rhubarb and blue pill improved the character of the secretions, without acting as an aperient. Improvement was generally perceptible in a few days, and he seldom had occasion to continue the prescription more than a fortnight.

Mr. Taylor, of the Liverpool workhouse, confirmed this account from his experience of many cases in the same class of patients in whom he had tried it, on Dr. Nevin's recommendation.—[*London Medical Gazette*.

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*Lemon Juice in Rheumatic Gout.*—Dr. Owen Rees narrates the case of a girl, aged 18, suffering from rheumatic gout in all her joints, who was treated successfully by lemon juice, in the dose of half an ounce three times a day. In his remarks on the case, he states that he has in many other cases seen marked and rapid relief from the same plan. He first had recourse to lemon juice from a belief that vegetable acids, from the large quantity of oxygen they contain, contribute to effect the transformation of the tissues generally, and moreover, from the idea that the supercitrate contained in the juice, by its transformation contributed to the alkalinity of the blood.

[*Medical Gazette*.

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*Nutritive Properties of Bran.*—M. Millon has communicated to the Academy of Sciences the result of some interesting investigations of his concerning the ligneous matter of wheat, whence it would appear that bran is a very nutritive substance. Though bran doubtless contains from five to six per cent. more ligneous substance than flour, it presents more nitrogenous matter, twice as much fatty matter, and moreover two distinct aromatic principles, one of which possesses the fragrance of honey; and these are both wanting in flour. Thus, by sifting this wheat impoverished in nitrogenous matter, fat, secula, aromatic, and sapid principles, in order to free it from a small proportion of ligneous substance. M. Millon, therefore, thinks that bran and meal ought to be ground over again and mixed with the pure flour, and he has found, by repeated experiments, that this mixture yields a superior kind of bread, and free from the inconveniences of that



bread which, in some countries, and particularly in Belgium, is made with coarse meal.—[*Lancet*.]

*Distinction between Syphilitic and Scrofulous Affections of Bone.*  
By M. RICORD.

*Syphilitic Affections of Bone.*

1. Very rare with young people.
2. Syphilitic precedents.
3. Compact texture of bones attacked.
4. Superficial part of the bone.
5. Little tendency to hyperostosis.
6. The pains which precede the development of the affection increase, and become very intense, until they decrease again, and entirely disappear in the latter periods of the disease.
7. A tendency to circumscription.
8. Exostosis.
9. Tendency to ossification and eburnation, but very little suppuration.
10. A chain of syphilitic symptoms, either concomitant or antecedent.
11. Rapid cure under appropriate treatment.

*Scrofulous Affections of Bone.*

1. Very frequent in youth.
2. Scrofulous precedents.
3. Spongy or cancellated texture of bones attacked.
4. Deep parts of the bone.
5. Much tendency to hyperostosis.
6. The tumefaction precedes the pain, but the latter soon increases, and becomes more and more intense as the disease advances.
7. A tendency to diffusion.
8. Hyperostosis.
9. Tendency to softening, to suppuration, caries, and necrosis, and not to ossification.
10. A chain of scrofulous symptoms widely differing from those of syphilis, either concomitant, or antecedent.
11. Very difficult cure, often incomplete, and sometimes impossible.

Syphilis may, however, be superadded to scrofula; we must then, in combating any lesion, endeavor to find out to which of the two diatheses it is mostly owing, and select our therapeutic means accordingly.—[*Ibid*.]

*Collodion in Burns.*—Dr. Payne, dentist, Montreal, appears to have suggested the use of collodion in burns,\* and Dr. Crawford, of the same city, employed it in the case of a young gentleman who met with a severe burn of the face and hands. The burn thus treated was covered with a thin glazing, or varnish, which completely excluded the air. The pain almost instantly subsided, and if the exclusion of air be the chief desideratum in such cases, this remarkable fluid will more conveniently and effectually produce it than any other remedy. Its utility in burns has been confirmed by other practitioners.—[*Ranking's Abstract*.]

\* The British American Journal, Aug. 1848.

*Anæsthesia from the local Application of Chloroform.*—Mr. Higginson communicated to the Liverpool Medical and Pathological Society, the case of a lady, aged 25 years, in labour with her first child: the perineum had long been on the stretch by the head, which was tumefied by the pressure: the pain was great with each uterine contraction, but was referred entirely to the perineum, no pain being apparently felt from the uterine contraction itself.

About half a drachm of chloroform was poured upon a handkerchief in the ordinary manner, but instead of being applied to the mouth, it was held in almost immediate contact with the perineum. The pain immediately ceased, though the uterine contractions continued in full force; and the first intimation the patient had of the progress of the labour, was hearing the child cry. Her mind was not at all affected, nor was intellectual consciousness in any degree diminished.

He had observed the same thing, though in a less degree, when the chloroform had been applied to the sacrum in another case.

He had also applied this agent to the os uteri of a patient suffering from very severe dysmenorrhœa, by means of a sponge placed in a curved glass speculum, which was introduced into the vagina. The pain almost immediately abated, and on its return, after some hours, the patient re-applied it herself with similiar benefit.

Dr. Watson mentioned some cases confirmatory of its good effects when locally applied. He had painted it over a swelled testicle, with speedy relief to the pain, and had applied it along the course of the spine with a similar result in a case of acute spinal tenderness, which had not been relieved by other treatment. He had also applied it to the surface of a large mammary abscess prior to opening it, which was afterwards done without suffering to the patient; and also to the vulva of a woman before cauterizing the orifice of the urethra. It had relieved the cramp and collapse in a case of English cholera, when laid upon the epigastrium, and had abated the pain almost immediately when painted round the edge of a surface to which potassa fusa had been applied for the purpose of forming an issue.—[*Lond. Med. Gaz.*

*A new mode of removing Nævi.*—J. C. Christophers describes (*Lond. Med. Gaz.*, Dec. 1848) a method of applying a simple ligature to strangulate and remove nævi, which, he says, he has employed in six cases, and in all with perfect success, and without any untoward accident occurring. His method is as follows:

1st stage.—Take a piece of strong silk, well waxed, about half a yard long, and dip the moiety of it in ink to dye it, the more readily to distinguish the ends after it is divided; thread a needle with the same, leaving the ends equal, and pass it under the centre of the part to be removed. This done, cut the ligature in the middle, leaving the needle attached to the inferior or black half of the ligature; take the same and pass it through the skin, immediately below the part to be strangulated. Thread the needle with the superior or white half of the ligature, and pass it through the skin in an opposite direction to the black ligature, immediately above the part to be strangulated. Remove the needle.

2d stage.—Tie tightly the two ends of the black loop that includes the inferior half of the nævus. Tie in the same manner the two ends of the white loop that includes the superior half of the nævus. The four ends remaining, two black and two white, are now to be tied alternately and tightly, the one to the other, and the operation is completed. The whole mass to be removed is by this means completely and entirely enclosed in a double circle, both from within and without, and is most effectually and permanently strangulated. The pain, he says, of this operation is trifling.—[*Amer. Journ. of Med. Sci.*]

*Lateral Transfixure of the Chest by a Scythe Blade, followed by complete recovery.* By E. Q. SEWELL, M. D.—The subject of this extraordinary case was a youth 18 years of age, who had been mowing, and had taken the scythe off the handle, and was carrying it home to have it sharpened. Whilst walking, he happened to step on a log, when his foot slipped, and he fell on the scythe blade, the point of which entered under the right axilla, between the third and fourth ribs, passed horizontally through the chest, and came out through the corresponding ribs of the opposite side, making a small opening. The wound on the right side was about two and a half to three inches long, that on the left, about one inch. The poor lad lay still, until his brother, who was with him, with admirable presence of mind, drew the scythe slowly out, observing with much caution as he did so, the curvature of the blade. The effusion of blood was not excessive, and the patient walked home with his brother's assistance. There was, it is said, no spitting of blood. The patient entirely recovered.—[*British American Journal, and Ibid.*]

*On the external use of Iodine in Croup.*—Dr. Willige speaks of having had remarkable success in the treatment of urgent cases of croup by the external application of iodine to the larynx and trachea. He recommends that tincture of iodine should be smeared with a feather over the front part of the neck, corresponding to the larynx and trachea and their immediate neighborhood; and that this should be repeated several times, with intervals of about four hours, until redness and irritation of the skin is induced. In most cases this is followed by subsidence of the distress of breathing, of the spasms of the glottis, and of the other bad symptoms. He mentions the particulars of three cases in which, by this means, he succeeded in averting impending death.—[*London Med. Gaz., from Schmidt's Jahrbücher.*]

*The advantages of Chloride of Gold as a Caustic.* By M. CHAVANNES.—MM. Récamier and Légrand signalized the advantages of the chloride of gold as a caustic many years ago—and our author confirms their statements from observations made chiefly in the treatment of lupus and syphilitic tubercles and ulcers. M. Chavannes maintains that the chloride of gold destroys less than the other caustics, and, when the crust separates, cicatrization is found in a forward state of advancement. The cicatrix which remains after the use of this chlor-



ide, is said to be less marked than when other caustics are employed. It is prepared thus: gold leaf one part, hydrochloric acid three parts, nitric acid one part.—[*Monthly Retros.*, from *Gaz. Méd. de Paris*.]

*Fracture of the Penis.*—A young man, native of Canton, applied to Dr. Parker for relief. He had been married about eight months. On the nuptial night, he met with insurmountable difficulty in his attempt to establish sexual intercourse with his bride, and in an effort, on that occasion, sustained a severe, and most probably, irreparable injury, which caused great pain. Since that night, erection of the penis is limited to about half an inch of its root, the extremity of the organ, with its glans, hanging flaccid.

On examination, a well-defined, transverse space, through the corpora cavernosa, about a half inch from the pubis, the site of fracture, was found to separate the penis into two parts.

No attempt was made to remedy this serious misfortune.—[*American Journ. of Med. Science*.]

*Rupture of the Femoral Artery.*—Dr. S. Parkman exhibited the artery, torn at the point of its passage through the adductor magnus tendon; a cart loaded with coal had passed over the lower third of the thigh; there was no external wound or abrasion of the skin; but the sudden ecchymosis, and the cessation of pulsation below the knee rendered the nature of the accident perfectly clear. The integuments were rendered very tense by the effusion of blood through the whole thigh. The limb was amputated above the injury. Besides the artery, the gracilis, sartorius and semi-tendinosus muscles were completely ruptured, and the effusion of blood very considerable. The bone was injured.—[*Ibid*.]

*On the action of Proto-sulphate of Iron in the treatment of Chancre, Gonorrhœa, &c.*—The whole class of caustic agents, when applied to the Hunterian chancre, (though the *potassa fusa cum calce* be used, till the ulcer be “punched out,” as recommended by M. Ricord,) form an eschar with pus still secreting; in fact, the morbid cells have not been destroyed. The alkaloids and hydro-carbons are equally inefficacious.

If a chancre be perfectly freed from its eschar and the enclosed pus, at the bottom of the excavation may be observed minute white points or germs, secreting, slowly, the morbid virus. If, now, the proto-sulphate of iron, minutely pulverized, be dropped into this excavation, the parts will instantly assume a charred appearance, the metal is absorbed into the tissue, the morbid cells or germs will instantly cease to secrete pus, the cleared cavity will shortly granulate, and a smooth surface, without induration, will be the result of the use of the proto-sulphate of iron. The chancre is destroyed.

It is known to chemists, that the proto-sulphate of iron absorbs large volumes of oxygen and nitrous oxide gases.

The proto-sulphate of iron, I have observed to be the most power-

ful agent for arresting decomposition in animal and vegetable substances. Inflammation and decomposition in the living tissue is likewise arrested by it.

In gonorrhœa, we have now an agent arresting the morbid cellular action in the salts which should be used in solution super-saturated.

In leucorrhœa, and in simple ulcers, the morbid action is arrested or peroxidized by this metallic salt.

Large doses of this salt have been exhibited in obstinate diarrhœa, with great benefit.

The action of this salt will produce a great change in superseding mercury in the treatment of diseases of specific origin.—[*Med. Exam.*

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*Tetanus.*—Dr. Wilson is on these grounds inclined to refer the disease to augmented excitability of the true spinal system, of a purely functional character, and makes known in the following propositions, with which the memoir concludes.

1st. That tetanus depends on irritation, direct or indirect, of the excito-motory system, by which it becomes surcharged with motor influence, and that inflammation in or about the cord, or any appreciable lesion, is not an essential condition of the development of the disease.

2d. That while we have ample evidence, physiological and practical, that opium is ill calculated to fulfil the indication in tetanus, namely, to diminish the excitability of the true spinal cord, until our views become improved, and the knowledge of our anti-tetanic agent ceases to be a desideratum, we are not justified in altogether discarding the use of the drug.

3d. That our grand object in the treatment of tetanus should be to support the patient's strength, with a view to compensate the vital powers for their great exhaustion, consequent upon the expenditure of force in the violent muscular contractions.

4th. That as the removal of the exciting cause, once that the first evidence of irritation propagated to the spinal cord becomes manifest, does not, in the least degree, check the progress of tetanus, or abate the violence of its symptoms, all operations in traumatic cases are not only unnecessary but injurious.—[*Dublin Quar. Jl. of Med. Sci.*

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*Collodion and Asbestos for Toothache.*—Mr. Robinson, a distinguished dentist of London, says that he has frequently applied collodion in severe cases of toothache arising from exposure of the nerve. The method he adopts, is to make the patient first wash out his mouth in warm water, in which a few grains of bicarbonate of soda has been dissolved. He then removes from the cavity any foreign substance likely to cause irritation. After drying the cavity, he drops from a point, the collodion, to which has been added a few grains of morphia; after which, he fills the cavity with asbestos, and saturates with collodion. Lastly, over this he places a pledget of bibulous paper. In a few seconds the whole becomes solidified and forms an excellent non-conductor of heat and cold to the exposed nerve. By occasionally renewing this, he has been enabled to effect a more durable stopping than with gold.—[*Med. Times.*

## MEDICAL INTELLIGENCE.

*A Dissertation on the Practice of Medicine. Containing an account of the causes, symptoms, and treatment of Diseases; and adapted to the use of Physicians and Families.* By TOMLINSON FORT, M. D. pp. 740. Milledgeville, Ga. Printed at the Federal Union Office. 1849.

It was our pleasing duty to herald in advance the forthcoming of the work, the title of which is given above. From the proof-sheets confided to us by the author, we selected the article on the sources of bilious Remittent Fever, which we were gratified to see re-published, or noticed, in several of the Medical Journals of our country. Time has not permitted us to review the book of Dr. Fort: that, we are promised, will be done by another and abler pen; all that remains for us, in this second notice of it, is to say that it meets our highest expectations.

The work is dedicated to the Physicians of the State of Georgia, as the author states, as a grateful acknowledgment of the kindness, respect and confidence, which he has experienced at the hands of every one of them, with whom he had the honor of becoming acquainted; and to show that he had a great reliance in their ready acquiescence in this attempt, to give to the science of Medicine, a wider range in the mental operations of the age.

The typographical execution of this volume is peculiarly accurate; the binding is very neat and good; and it is altogether well gotten up, for a State where very few books are published. From the title page it will be perceived that the work is not strictly a scientific one, or one designed alone for physicians, but that its range is far wider, being adapted to families and the general reader. We learn there is every prospect of the author reaping a rich return for the labor bestowed upon his book.

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*Proceedings of the State Medical Convention, held in Macon, March, 1849; and Constitution of the Medical Society of the State of Georgia.* Macon: Printed by S. Rose & Co. 1849.

We have been furnished a very neat pamphlet of 39 pages containing the above proceedings. To the action of the Physicians assembled at Macon last March, is appended, the Introduction as also the code of Medical Ethics adopted by the American Medical Association. This we consider very wise on the part of the publishing committee, and doubt not the dissemination of this excellent manual of the duties of Physicians to their Patients and of the obligations of Patients to their Physicians, will do much good at this period of medical improvement. It ought to be known and faithfully carried out by every member of the healing art.

In the proceedings of the Medical Society of Georgia, and not published in our last No., we notice a resolution adopted by it respecting this Journal. It is as follows:—‘*Resolved*, That we have the utmost confidence in the integrity and faithful ability with which the Southern Medical and Surgical Journal is conducted, and most cheerfully recommend it to the patronage of the medical profession.’ We return our sincere thanks to all those who kindly voted for it, and express the hope to see the Journal, in other and abler hands, become the medium of professional intercourse and medical intelligence in this and the adjoining States.



*Opinions of the Medical Press, on the subject of the discontinuance of this Journal.*

—The editorial courtesy with which we have always been treated, with scarce an exception, ever since we assumed the management of this publication, has placed us under great and repeated obligations. But the very kind and flattering manner in which the announcement of our withdrawal from the duties of Editor has been noticed in some of our exchanges, has called forth our warmest sympathies and heart-felt gratitude.

We are happy to state that Mr. McCafferty, the publisher of the Journal, is not only willing, but anxious to continue the work, upon the same terms as heretofore issued; but the editor, from severe domestic affliction, still continuing unabated and without now a hope of relief; from heavily increasing professional labour, &c., still considers it his duty to retire after the completion of the present Volume, at the close of the year. Arrangements will be made for carrying on this Journal.

“We copy the following from the Buffalo Medical Journal:—

\* \* \* “The able editor of the Southern Medical and Surgical Journal, Professor Paul F. Eve, has given notice that the Journal will be discontinued after the present year, owing to want of adequate patronage. He states that the privilege of laboring for his readers during the past year,\* has required from his own pocket an outlay of \$900, and he very reasonably concludes that the luxury of serving the medical public on these terms is too expensive to be longer indulged. That a periodical of such merit as the Southern Medical and Surgical Journal should require more than the gratuitous services of the editor to secure ample support, is a stigma upon our southern brethren which we sincerely hope they will not consent to bear. We anticipate that the effect of the notice referred to, will be to secure a list of *paying* subscribers, that will not only justify the continuance of the work, but furnish a complimentary testimonial to the value of the editor's past labors.”

“We cordially adopt these sentiments. We hope and believe better things of the physicians of the South, than that they will suffer a journal so faithfully edited as that of which Professor Eve has had charge, to fail for want of pecuniary support.”—[*Western Journal of Medicine and Surgery*].

“*Southern Medical and Surgical Journal*.—This excellent periodical, we learn from the last number, will probably be discontinued, after the close of the present volume, for want of adequate support. It has been conducted, under the auspices of Prof. Eve, with great ability, and untiring industry, and we call upon the profession of the South to rally to its support.”—[*New Orleans Medical and Surg. Journal*].

“*Southern Medical and Surgical Journal*.—We learned with much regret and no little surprise, that this Journal, which is certainly an honor to the south, is likely to die for want of patronage. The able Editor informs us that its publication for the last year, aside from his editorial labors, was attended by an expense of \$900, to himself. With all due respect to our southern brethren, we do say that this is a shame. We feel almost a personal interest in the matter, for if we cherish one desire more than another, it is to see our profession elevated and improved. We know that well conducted Medical Journals are an important, nay an indispensable means, to this end, and we hope to see them established and sustained wherever there is room for them. Foreign and distant Journals are important, but every physician ought in duty bound, to support first with his patronage and so far as he can, his pen, those published near his own locality. We sincerely hope that the Editor's plain statement of facts will be so effectual, that his Journal will hereafter add as much to his purse as it already has to his reputation. With that we are sure he would have abundant cause to be satisfied.”—[*Ohio Medical and Surg. Journal*].

\* (Correction.) The last volume of the former series. *Ed. S. M. & S. Journ.*

## MEDICAL MISCELLANY.

*Essays on Infant Therapeutics.*—Prof. John B. Beck, of New York, has had his valuable papers recently published in the medical journals throughout our country, issued in pamphlet form, entitled, "Essays on Infant Therapeutics," &c., and has had the kindness to send us a copy.

*Dr. Cross' Prescription for Cholera.*—Gum Opium, gr.  $\frac{1}{2}$ ; Cayenne Pepper, gr. ii.; Calomel, gr. iv. Made into pill. Give one every two hours, (varying according to circumstances.)

*To remove Stains of Silver.*—Dr. Parsons, of Bristol, England, proposes to remove stains of nitrate of silver by a solution of corrosive sublimate in muriate (hydrochlorate) of ammonia.

*Iodide of Potash in Paraplegia.*—Dr. Sandras, in the Bulletin Général de Thérapeutique, recommends the use of Iodide of Potash in certain cases of Paraplegia.

*Dean of the Faculty of Paris.*—Prof. Bérard has succeeded the deposition of Prof. Bouillaud. The former Dean, the celebrated Orfila, was displaced from office because he had appropriated money designed for another object; and Bouillaud was made to resign because of his bitter hostility to his predecessor. Bérard, is Professor of Physiology, and is one of the most eloquent, talented and amiable of the Faculty.

*Sugar Anti-aphrodisiac.*—M. Provencal, in the Bulletin Général de Thérapeutique, says, experience has proven to me that sugar in *pound doses* arrests the venereal ardor more effectually than camphor.

*Mode of administering Cod-liver Oil.*—Chew orange peel both before and after swallowing the dose.

*Fainting during the Inhalation of Chloroform.*—Prof. Laugier operated at La Petié upon a student of Pharmacy for Fistula in Ano. Chloroform was employed. Insensibility promptly occurred, and the operation terminated without the patient manifesting pain. All at once the young man exhibited a profound syncope. For *four minutes* he was without pulse and respiration. He was taken to the open air and artificial respiration attempted. Every one around him was in the greatest anxiety. Happily this state of fainting passed off, and the patient speedily recovered.

*Two New Anæsthetic Agents.*—Dr. Nunneley, of Leeds, England, announces in the Med. Times, a new agent, having all the good properties of chloroform without any of its danger. This is the *Chloride of olefant gas*, Holland oil, or the oil of Holland Chemists. Prof. Simpson also states that *coal tar naphtha* is an anæsthetic agent as powerful as chloroform, and a great deal cheaper. The effect is as rapid and complete, but not so agreeable in odor. It probably owes its anæsthetic property to *benzole*.

*The Wealth of Quacks.*—It is said that the united fortunes of the five principal quack-doctors of London is over 5,000,000 of dollars.

*Two voices at the same time in the same individual.*—Dr. Pettigrew, Professor of Physiology at St. George's Hospital, exhibited a Mr. Richmond who possesses the marvellous faculty of producing at the same time two different sounds, distinct and perfectly harmonious. The acute voice is of a nature soft and melodious. Mr. R. emitted a *base note* accompanied with a *tremolo*.

*An Epidemic Voluntary Mutilation.*—Two regiments in Africa, one French, the other belonging to the Foreign legion, lately presented the sad effects of the power of *imitation*. A soldier shot himself through the wrist—in 20 days thirteen others exhibited the same mutilation. The colonel of the regiment immediately determined to break up his encampment, and marched to the quarters of another regiment distant 21 to 24 miles. What was his astonishment on arriving there to learn that eight cases of the very same mutilation had just occurred there. It is asserted that there had been no recent communication between the two regiments.

*March of Improvement—change of the figures marking time.*—It is proposed by a writer in the London Lancet to continue the figures of watches and clocks from 12 to 24. In telegraph despatches, in noting cases, &c., he argues, it will be economy in time, be more accurate, &c. For instance, 16 o'clock would indicate by that figure alone what we now have to express by 4, P. M.; then the confounding of A. M. with P. M. would be entirely avoided. He says, too, the additional figures can be arranged on watches and clocks now in use.

*The Author of Etherization—Dr. Jackson.*—The French Academy of Sciences have awarded to Dr. Jackson, of Boston, the acknowledged discoverer of etherization, Chevalier of the National order of the Legion of Honor.

*Another Test for Chloroform.*—This is Albumen. The white of egg will be coagulated by the *alcohol* which chloroform may contain. A single drop may thus be analysed.

**METEOROLOGICAL OBSERVATIONS, for March, 1849, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 152 feet.**

MAR.	Sun Rise.		2, P. M.		WIND.	REMARKS.
	THER.	BAR.	THER.	BAR.		
1	46	30 10-100	68	30 3-100	N. E.	Fair afternoon.
2	42	29 94-100	69	29 90-100	S. W.	Cloudy.
3	50	" 84-100	70	" 81-100	S. E.	Cloudy.
4	46	30 2-100	46	30 4-100	N. E.	Cloudy.
5	41	" 10-100	48	" 10-100	N. E.	Cloudy.
6	46	" 10-100	64	" 7-100	N. E.	Fair after 3, P. M.
7	47	29 95-100	66	29 86-100	W.	Rainy—sprinkle.
8	44	" 93-100	70	" 95-100	N. W.	Fair—foggy morning.
9	52	" 76-100	65	" 65-100	S.	Cloudy—sprinkle.
10	48	" 65-100	84	" 60-100	W.	Fair—some clouds—breeze.
11	56	" 56-100	84	" 51-100	S. W.	Cloudy—blow.
12	56	" 62-100	82	" 66-100	S. W.	Cloudy—breeze.
13	59	" 77-100	86	" 78-100	S. W.	Fair.
14	65	" 80-100	80	" 80-100	S. W.	Cloudy—rain at 4, P. M., 45-100.*
15	60	" 82-100	80	" 85-100	W.	Cl'y—storm 9 P. M., r. 1 in. 15-100
16	60	" 78-100	68	" 82-100	S. W.	Cloudy—sprinkle.
17	55	" 85-100	78	" 78-100	S. W.	Cloudy—sprinkle.
18	62	" 72-100	78	" 73-100	S. W.	Flying clouds.
19	52	30 3-100	70	30	S.	Fair—breeze.
20	51	29 87-100	70	29 70-100	S.	Cloudy—blow.
21	66	" 56-100	79	" 95-100	S.	Do. storm—rain 10-100
22	44	" 80-100	68	" 99-100	E.	Fair.
23	43	30 5-100	68	30 10-100	S. E.	Cloudy.
24	56	" 4-100	73	29 98-100	S. E.	Cloudy.
25	56	29 79-100	60	" 71-100	S. E.	Rain, 30-100.
26	47	" 80-100	58	" 80-100	N. W.	Fair—blow.
27	36	" 84-100	58	" 75-100	N. W.	Fair—blow.
28	41	" 64-100	68	" 61-100	N. W.	Fair—blow.
29	45	" 83-100	72	" 83-100	W.	Fair.
30	50	" 88-100	77	" 90-100	S. W.	Fair.
31	54	" 78-100	72	" 84-100	S.	Cloudy.

9 Fair days. Quantity of Rain 2 inches. Wind East of N. and S. 9 days. West of do. do. 17 days.

\* The first rain since 12th February.



# SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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## PART FIRST.

### Original Communications.

#### ARTICLE XVI.

*A Clinical Lecture upon Syphilis, delivered at the Augusta Hospital.* By L. A. DUGAS, M. D., Professor in the Medical College of Georgia, and one of the attending Physicians to said Hospital.\*

The term Syphilis is variously applied in Continental Europe and in the United States; for whilst in the former countries it includes Gonorrhœa, this is with us generally regarded as a distinct affection. Yet Europeans have of late endeavored to distinguish between simple urethritis and those cases in which this disease is complicated with internal chancres, insisting that whereas the simple form is not followed by constitutional symptoms, these may be manifested if a chancre have existed within the urethra. But how are we to ascertain the existence or non-existence of the ulcer if it occur beyond the visible surface? Are we to resort, as has been suggested, to inoculation in every case presented to us, before we can be able to prescribe judiciously? We presume that few practitioners and still fewer patients in our country would feel disposed to adopt the test. American physicians have therefore wisely come to the conclusion to regard all cases of Gonorrhœa as purely local, and to treat them accordingly; leaving all subsequent manifestations to be treated upon their

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\* This Lecture was delivered in December last, extemporaneously, and without the expectation of being called upon to reduce it to writing. Having been requested to do so by some of the class, its substance is now furnished as nearly as the circumstances would permit. A similar request was made in relation to one or two other clinical lectures which may hereafter appear in this Journal.

own merits. And will it be said that our procedure is more often followed by constitutional symptoms than that pursued beyond the Atlantic? Such is not the fact, for we are told that their occurrence in Europe is not uncommon; yet they are certainly of extremely rare occurrence in our country under such circumstances. There must therefore be either a difference in the disease in Europe and in the United States, or the sequelæ must be occasioned by the treatment instituted. Perhaps what we have to say upon chancres may throw some light upon this question.

The very great importance attached to the existence of chancres naturally suggests the query: what is a chancre? Is it something easily detected or recognized? Is it a form of disease presenting such definite characters that it can always be distinguished from others? In short are there any pathognomonic signs by which a specific chancre can be distinguished from a simple ulcer? You will look to your books in vain for any guide to certain diagnosis and your experience will confirm the difficulty. It is true that Hunter and others refer to elevated and indurated edges as characteristic of the specific or syphilitic chancre; but every practitioner of experience knows the fallacy of such views. We are told by some that its obstinacy or resistance to ordinary means will reveal its specific nature; but are we to wait for this to make up our diagnosis and our treatment? And why should an obstinate ulcer upon the penis indicate a specific inoculation any more than an obstinate ulcer any where else? If any of these peculiarities be worth anything we ought never to find constitutional syphilis occurring after the existence of ulcers of the penis which did not present them. Yet such is not the fact, as will be abundantly testified by practitioners of experience. We certainly meet with as many cases of secondary or constitutional syphilis after the occurrence of chancres or ulcers which readily yielded to treatment and which presented neither elevated nor indurated edges, as we do after the manifestation of these peculiarities.

I insist therefore that we cannot distinguish a specific from a simple chancre by ocular inspection. Shall we decide the question by referring to the history of the case furnished by the

patient—by ascertaining whether or not he has been exposed to inoculation, and whether or not the female herself had chancres? The difficulty of getting at the truth here is as great as it is in reference to the value of the physical signs. Some patients feel a reluctance to acknowledge the illicit intercourse and may mislead you. The great majority will be unable to testify with any certainty to the condition of the female. We are still upon terra incognita; and yet we are called upon to prescribe. Let us drop the term *chancre* since it means something that cannot be defined, or, in other words, nothing. Let us retain that of *ulcer*, and our procedure will be simplified. Inasmuch as we know that the ulcer may or may not have resulted from the inoculation of a morbid principle, and that if this principle have been thus introduced it may be attended with constitutional symptoms, and, moreover, that we have no means by which we can determine the true cause of the ulcer, prudence dictates that we prescribe such a course of treatment as will not only heal the ulcer but also most effectually avert the constitutional developments consequent upon inoculation. We must proceed as though we had the certainty that the patient had been inoculated with the syphilitic virus.

What then is the best treatment to secure this end? or do we know of any upon which we may rely with certainty, or even, I might add, with probability of success? We meet here with difficulties no less than those we have encountered in relation to diagnosis. There are three methods in general use for securing the patient against constitutional symptoms. These are the specific or mercurial, the abortive or cauterizing, and the rational or antiphlogistic. Let us consider briefly the merits of these methods.

The specific, antidotal, or mercurial treatment of syphilis, has been so long and so generally adopted as the most efficacious by the profession, that any attempt on my part to discredit it might well be regarded as presumptuous, had this not already been done by abler pathologists as well as by those better situated for making observations upon a large scale and for bringing to the support of their deductions the valuable aid of statistics. It is to Desruelles we owe the first serious and, in my opinion, successful effort to show that mercury is not enti-



bled to the supremacy it had so long enjoyed. His position, as military surgeon, enabled him not only to treat a very large number of cases, but also to observe the effects of his treatment for years in succession, and to keep correct statistics. The result of his extensive researches prove conclusively in the first place, that the primary symptoms of syphilis may be as effectually, if not more so, treated by ordinary antiphlogistics as by mercurials; and in the second place, that the secondary or constitutional symptoms occur as seldom, if not more so, after the former than the latter treatment. Nor have these conclusions been confined to Desruelles; they have been confirmed repeatedly since the publication of his work, by others both in public and private practice, and to these I unhesitatingly add the humble weight of my own testimony. The most strenuous advocates of the mercurial treatment will not presume to assert that this may be regarded as always successful in the prevention of secondary symptoms. Ask any practitioner of experience if he will insure a patient affected with chancre against constitutional symptoms after the mercurial treatment, however well administered, and he will tell you—No! certainly not! His predilections may lead him to regard it as the surest guaranty; but his experience will never allow him to view it as a *certain* one. Such is the partiality in our country to the use of Mercury in almost every disease, that I may safely affirm that we scarcely ever meet a case of secondary syphilis in which this agent had not been more or less freely used during the existence of the primary symptoms. Indeed we continually see such a state of things in individuals who have gone through the most thorough and repeated mercurialization. One of the very few cases of secondary syphilis I have had to follow my treatment of the primary symptoms, was one in which I yielded to the importunities of my patient, and mercurialized him to ptyalism three times, and followed this by the free use of the tea and syrup of Sarsaparilla for six weeks. He had only one small chancre, which was cured up in a few days. His apprehensions were such, however, that he insisted upon the thorough "*preservative*" treatment just stated. In about four months after this, he was covered with syphilitic blotches and sore throat, which proved more obstinate than any similar case I ever treated.

I know that it will be urged that inasmuch as secondary symptoms are (in this latitude at least) rare in comparison with the great number of cases of primary syphilis, this result should be attributed to the mercurial treatment so generally instituted. This argument would undoubtedly possess great force were it not equally certain that the secondary symptoms will occur quite as rarely (I think more so) after any other treatment. The demonstration of the fact that secondary syphilis rarely follows the treatment of chancres by mercury is not conclusive evidence of the value of the mercurial medication. It must be also demonstrated that secondary syphilis occurs more rarely after the use of this agent than without it. This I believe cannot be done. It certainly does not accord with the experience of Desruelles nor with that of many others, myself included.

The examination of the value of the specific method of treatment having led me to estimate also that of the antiphlogistic, it is unnecessary to say any thing more in relation to this at present. Let us therefore pass to the consideration of the abortive or cauterizing method.

It is alleged by many that if a chancre be well cauterized with Nitrate of Silver, or any other agent of the kind, very soon after its occurrence, say on the first, second, or even third day, that the virus will be destroyed and that the system will consequently escape infection—and the liability to secondary syphilis. I will not deny the fact that the secondary symptoms will be rarely manifested after such treatment. Such we have acknowledged to be the result of the other methods. But I cannot give my assent to the inference that this should be attributed to the *destruction of the virus*. This would unquestionably be at variance with all we know in relation to the laws of absorption or imbibition, as well as with the analogy offered by the inoculation of any other morbid or pernicious substance.

The syphilitic virus having been applied to the delicate surface of the glans penis, or of the prepuce, is absorbed, or, to use a more intelligible term now adopted by physiologists, is *imbibed* more or less promptly. It is not supposed that it could remain upon such a surface for any length of time without penetrating it, as it would any other porous substance—paper

for instance. The cuticle, which in other parts of the surface of the body offers some resistance to imbibition, can exercise but little here. The fact that the vesicle and subsequent chancre will occur only a number of days after the application of the virus, is no evidence that this was not very soon imbibed, for we know that even after inserting the vaccine or the small-pox virus beneath the cuticle and into the thickness of the skin, the vesicle or pustule will show itself only after the lapse of several days. Does the virus then remain in the locality in which it has been imbibed until the formation of the ulcer? We have no reason to believe this, but on the contrary many to disprove it. Such an occurrence would be in direct opposition to physiology as well as to pathology. The very same laws of imbibition by which the virus would be carried through the surface would carry it still further and into the circulation. The tissues beneath are as porous as those at the surface, and are moreover bathed in the natural fluids which would dilute the virus and at the same time take it along with them into the circulating vessels, particularly the veins. The very dilution just noticed may account for the fact that the virus at first produces a visible lesion only at the point of its application. It is out of the question to suppose that any liquid can be thus retained within a given locality of the soft tissues for any length of time. It will always be imbibed and carried into the circulation. You may satisfy yourselves upon this point by inserting into the tissues any liquid substance whose effects are promptly recognized—morphia, strychnia, arsenic, corrosive sublimate, for example. Will it be said that in these instances the manifestation is prompt because the absorption has been so; and that it is tardy in syphilis, vaccine, small-pox, &c., because of a corresponding tardiness of absorption? There are agents which do not induce any manifestation of their absorption or presence in the system until the lapse of a number of days or even weeks, and the time which thus intervenes between the admission of the morbid principle into the system and the manifestation of disease, constitutes what has been termed the period of incubation. This varies exceedingly, and probably in accordance with the predispositions of the patient to disease. As a general rule, the period of incubation after



inoculation of the vaccine or of the small-pox virus is about three days. Yet it is not uncommon to find it extended to a week or two after exposure to the contagion of variola without inoculation. I have known a case of small-pox in which there was every reason to believe that the patient had not been exposed to its contagion for three weeks previous to its occurrence. The virus must have been then absorbed by the respiratory organs and remained dormant or "in incubation" for this long period. It is generally believed that the hydrophobic virus remains thus latent for forty days, and even longer, yet no one would imagine that it had remained thus long in the locality in which it had been inserted.

Perhaps the strongest argument, however, may be found in the experiments upon the influence of cauterization on the constitutional effects of the inoculation of the variolous virus. Would any one expect to arrest these by cauterizing the pustule after it had been developed? Assuredly not. The cauterization at this stage would not even modify the disease. If analogy be worth any thing here, we should not expect to arrest nor even to modify the constitutional manifestations of syphilis by the application of caustic to the inoculated region *after* the ~~promotion~~ <sup>formation</sup> of the vesicle or ulcer;—and the caustic could not be used *before* their formation because they furnish us the first evidence we can have of the inoculation.

Whilst the cauterizing plan is not a more certain preventive of secondary symptoms than either the mercurial or the antiphlogistic, it is liable to an objection that does not attach to the mercurial and still less to the antiphlogistic: it provokes the formation of Buboës. A bubo is an inflammatory enlargement of one or more of the inguinal glands, and may be induced by a simple as well as by a specific ulcer upon the penis—and we have no means by which we may distinguish a bubo produced by the former from one produced by the latter cause. Every one knows that buboës not unfrequently follow injuries or ulcers about the toes, feet or legs. In like manner do we find similar enlargements of the axillary glands in affections, whether accidental or otherwise, of the upper extremities and mamma. Now it cannot be supposed that in all these cases the inflammation of the gland is occasioned by a morbid agent carried

to it by the lymphatics. Buboës are sometimes occasioned by wearing tight boots when the toes are affected with corns, although there may be no ulceration whatever. The fact that they may follow accidental injuries, simple ulcers, or mere abrasions of the penis, would rather lead us to regard them as a mere extension, by continuity of tissue, of the inflammation along the lymphatic and up to the gland it penetrates. Be this as it may, it is quite certain that, in general, the danger of the formation of the bubo will be in a direct ratio with the intensity and persistence of the affection of the penis. We therefore find that the surest method to prevent buboës is that which will most readily subdue the inflammatory action of the ulcer, and heal it. It cannot be denied that the Nitrate of Silver will often accomplish these ends remarkably well; but I think it by no means so uniformly successful as the antiphlogistic treatment properly so called. In many instances the caustic will aggravate instead of allaying the inflammation, and thus occasion a bubo, which would not have occurred under another treatment. It is much to be regretted that so few practitioners take the trouble to keep statistics, for these would often reveal the fallacy of our estimate of remedial measures. In relation to the treatment of chancres, I feel assured that a much larger proportion of buboës will be found to follow the use of caustic, calomel, styptic washes, and other irritating applications, than that of the simple antiphlogistics. In my practice, I never expect buboës if they do not already exist when the case is presented to me—and, when they do already exist, I can almost invariably ascertain that irritating applications have been made, or that the chancres were aggravated by gross neglect of cleanliness and of the rational means of relief.

Having thus far endeavored to show you that the rational or antiphlogistic treatment of ulcers of the penis, or chancres, is to be preferred to either of the other methods, as more prompt and less apt to be followed by buboës and constitutional or secondary symptoms; I have likewise affirmed, however, that we know of no method which, having been diligently resorted to, offers a *certain* guaranty against the supervention of secondary syphilis. Methinks I hear the query: "does our art then avail nothing?" I repeat; it may accomplish much, but

it is not infallible. Whence then the delusion of those who consider mercury a specific in syphilis? I think you will find its origin in the assumption that most chancres result from syphilitic inoculation, and that this inoculation will *necessarily* be followed by constitutional syphilis unless an antidotal treatment be instituted. Now the fact is that the majority of chancres are not produced by syphilitic inoculation. They are frequently occasioned by uncleanness, the sub-preputial secretions becoming rancid and corrosive, by irritation and even laceration during the act of coition, by the friction of coarse clothing, &c. Sometimes they occur spontaneously, or without appreciable cause. Some of the most obstinate chancres I have ever seen originated in this way. I recollect at present a case in which one half of the glans-penis sloughed away, despite every effort to save it—and yet the patient had not cohabited for four months previous to the invasion of the chancre. The assertion of the patient may be doubted by some; but I am fully satisfied of his entire veracity, and know that he would not have deceived me. He certainly had no interest in doing so.

The assumption that syphilitic inoculation will *necessarily* be followed by constitutional symptoms, if not properly treated, reminds me of an anecdote I have heard or seen somewhere in relation to the influence of certain nostrums in preventing the bad effects of bites from venomous reptiles. It is related that an individual alleging to have discovered an infallible antidote to the bite of the viper, applied to the Parisian Royal Academy of Medicine to have his remedy tested, whereupon a committee was appointed, at the head of which was Majendie. The efficacy of the antidote was to be determined by causing a number of dogs to be bitten by a viper, and immediately applying the lotion to the wound thus inflicted—the inventor declaring in advance that they would escape uninjured. All arrangements being made, the dogs were bitten and the lotion was about to be applied, when the wily physiologist insisted upon seeing first what effects would ensue *without* the lotion. The dogs suffered but little, and not one died! The experiments were of course carried no further. Perhaps the memory of each of you will recall instances in which the bites of ven-



<sup>have</sup>omous serpents ~~has~~ not been fatal. It is indeed rarely so unless the virus be deposited in a vein, so that it may reach the heart and nervous centres suddenly, or more rapidly than it can be eliminated by the emunctories, and its effects be overcome by the energies of the system.

That the human economy, in common with that of all organized beings, possesses an inherent power of self-preservation, is too evident to require any argument to establish the fact at present. The plant, as well as animal, will by its own powers heal the wound inflicted upon it, and eliminate noxious substances introduced into the system. Give a man Arsenic, Iodine, or any deleterious substance that may be readily detected in the urine or other secretions, and if the quantity be administered gradually so as not to be fatal, you will find it rapidly thrown off by the emunctories. So it is with all morbid agents, to a greater or less degree. Let ten individuals be exposed to the contagion of small-pox—they will all inhale the same infected atmosphere—yet some will take the disease and others escape it. Inoculate a given number of children with the vaccine virus, and some will not take it, although the operation be repeated. The history of all epidemics shows that, although all equally breathe the cause of disease, many do so with impunity. In these cases the morbid agent is eliminated and its effects neutralized by the energies of the system. Those whose conservative or protective energies are least developed, will suffer most. In other words, the readiness with which the system thus protects itself against the inroads of disease, is in a direct ratio with the stamina of the individual. Certain causes of disease are more potent than others, and therefore less often effectually resisted. It is more rare to escape the contagion of variola than that of rubeola. But the same cause is also more effectually resisted by some than by other individuals,—and even by the same individual, more<sup>so</sup> at one time than at another. This conservative power has been called the *vis medicatrix naturæ*, and has, as such, been alternately extolled and villified. The power does exist, and it is of great importance that it be properly estimated—neither blindly trusting to it, nor rashly thrusting it aside or overlooking it.

In order philosophically to test the value or efficacy of any given treatment for the prevention of secondary syphilis the first step should be to ascertain in how many cases the secondary symptoms would follow the primary, if these were allowed to run their own course or be treated as merely local affections. These observations, carefully made, would furnish us the only correct data upon which to establish a comparison. I am not aware that any extensive series of observations have been made in which *no* treatment was instituted; but I have already stated that they have been made on a very large scale in reference to the value of the local treatment alone, and that the result was decidedly favorable to this method. Desruelles found that the secondary symptoms were decidedly more frequent after the mercurial than after the local treatment. And these experiments were made in a latitude in which the secondary symptoms occur more frequently and with much greater violence than they do in our Southern country. Having closely attended the Hospitals of our Northern cities for two and those of Paris for three years, I may safely aver that during a practice of nearly twenty years in Georgia I have never seen a case of constitutional syphilis to be compared in virulency and obstinacy with a large number of those almost continually to be found in those hospitals.

That warm are less favorable than cold climates to the development of constitutional syphilis has been long since observed; but whether this circumstance should be attributed to temperature rather than to some peculiarity in the constitution of the inhabitants of the South, may well be questioned. In our Northern cities as well as in London and Paris, the prevalence of the scrofulous or strumous habit is infinitely greater than it is in Georgia and the neighboring States. Whilst Phthisis Pulmonalis, one of the worst manifestations of this diathesis, is exceedingly common in those latitudes, it is of comparatively rare occurrence in our favored region, especially among natives of the South. Now the scrofulous diathesis is most strikingly characterized by a radical deficiency of the conservative power or *vis medicatrix naturæ*, so that its subjects are peculiarly prone to diseases of almost every kind, and, when attacked, recover with great difficulty. This habit I hold

to be, of all others, that in which syphilis is most apt to prove inveterate. Who has not observed the difficulty with which even simple gonorrhœa is removed in such constitutions? Nay, it not unfrequently baffles all our remedial efforts, and has finally to be left to "wear itself out." And if a scrofulous individual be inoculated with the syphilitic virus, not only will the chancre and buboes be difficult to cure, but the patient will, in all probability, be subsequently affected with secondary and tertiary symptoms. The conservative powers of the system will not be able to throw off the morbid agent before it have contaminated every tissue; and this deteriorating influence being added to the inherent defect of the constitution, will sometimes favor the development more or less simultaneously of both scrofula and syphilis. The two diseases become mixed up together, if I may be allowed the expression, so that it is often difficult to determine which of the two we should treat. In looking at the plates of works illustrating syphilis and scrofula as distinct diseases, we are at once forcibly struck with the very great similarity of the cutaneous affections and ulcerative destructions represented in both. In Northern hospitals the difficulty of correct diagnosis is frequently encountered, and the physician is obliged to resort to the history of the case in order to determine whether it should be called scrofula or syphilis.

I believe that I have now pointed out why it is that all who are inoculated do not have constitutional symptoms, and also why it is that these occur more frequently in Northern than in Southern latitudes. Let us now endeavor to see why it is that the development of constitutional symptoms is not prevented, but rather favored by the use of mercurials. If it be true that the non-occurrence of the secondary symptoms depends upon the ability of the system to resist the deteriorating influence of the poison and to throw it off, and that this ability is especially impotent in persons of a scrofulous habit, it follows as a logical deduction that we should do nothing that may impair the energies of the system, and especially nothing that would aggravate the scrofulous diathesis. Does not mercurialization impair the energies of the system? Look at those who work mercurial mines or who are exposed to the influence of mercurial emana-



tions in the prosecution of certain pursuits; look at those who are continually resorting to them for every slight indisposition; look at the protracted convalescence of those who have been saturated with it in the treatment of acute or chronic diseases, and see the barometrical sensitiveness of their tissues. Every thing indicates in these individuals rather an impairment than an invigoration of the energies of the system. Again: does not mercurialization aggravate the scrofulous diathesis? The affirmative is generally admitted. No one would think of mercurializing a patient threatened with Phthisis Pulmonalis or any other form of scrofula. Our inference would therefore be adverse to the use of mercury as a preventive of constitutional syphilis, even though we were ~~not~~ fortified in our position by experience.

Having given you my reasons for the course I pursue in the management of syphilis, I will now proceed to the details of treatment as briefly as possible. The primitive symptoms, being local, are treated as such. To chancres I apply a lotion consisting of a drachm of French chloride of soda and 8 oz. of water. I say French chloride, because that prepared in our country is usually very inferior, either from the careless manner in which it is put up, or from some original defect in its preparation. In order to preserve it good, both air and light should be excluded. The very weak mixture I use is usually strong enough; if stronger it will occasion smarting and prove highly irritating. It should however be made as strong as it can be applied without producing any sense of smarting. The ulcer having been gently washed by pouring the mixture upon it, (not by friction,) a bit of patent lint or of soft old linen should be saturated with it and kept applied by being interposed between the prepuce and glans penis. This little precaution is very important, for if the surfaces of the prepuce and glans be not thus separated, the ulcer will heal with great difficulty. The prepuce will of course be drawn over the glans so as to retain the lint. The lint should be wetted three or four times a day, without removing it, and renewed night and morning. If this plan be adopted early, most chancres will be healed in a few days. In cases of Phymosis, however, as the lint cannot be thus interposed, we have to resort to a small syringe for the

purpose of throwing up the lotion three or four times a day. A cold flaxseed or slippery elm poultice may then be applied to the penis three times a day with much advantage. If Paraphymosis exist, the prepuce ought to be drawn down as early as possible, and this may always be done by compressing the glans between the end of the thumb and fingers of one hand at the same time that with those of the other hand we draw down the prepuce. Some time and patience may be required, but with perseverance you can always succeed without resorting to the knife. I have never been obliged to make an incision in such cases. The patient should remain as quiet as possible, and take a dose of salts, and avoid stimulating food and beverages.

If the chancres have assumed an indolent character, it may become necessary to use a styptic or astringent lotion. 20 grs. of sulphate of copper in 8 oz. water will often act remarkably well; so will a decoction of red oak bark or of blackberry roots, if not made too strong. Calomel applied to the ulcer at this stage is also very good, but more apt to induce buboes than either of the other remedies mentioned. I therefore very rarely use it.

When the ulcers evince a disposition to slough the styptics or astringents may be made a little stronger, but care must be had not to increase the inflammation if the sloughing be occasioned by it rather than by a bad constitution. In these cases it will generally be found advantageous to invigorate the general health by the use of Porter or Beer, the Iodides, Sarsaparilla, and a generous diet.

The treatment of Buboes is very simple. It should be such as would be naturally suggested without the influence of preconceived theories. Regarding them as a mere extension of inflammation from the ulcer along the lymphatics, we may expect generally to see them subside with the improvement of the chancres. When such a result may be anticipated, I simply apply to them a plaster made with three parts of white diachylon and one of adhesive plaster melted together and spread upon sheep skin. To rub them with mercurial or any other ointment can only add to their inflammation and therefore promote suppuration. Whether the plaster has any intrinsic merit, is questionable. It certainly has that of preventing the

use of worse means. Cases are sometimes, however, presented to us where suppuration seems imminent. We should then resort to leeches and cold poultices or saturnine lotions, and strictly enjoin upon the patient to remain in bed. If suppuration does supervene, treat it as you would any other abscess—open it and apply mild poultices.

We now come to the treatment of the secondary symptoms. These are most frequently cutaneous blotches about the forehead or over other portions of the surface, excrescences about the anus and vulva, warts upon the scrotum, sore-throat, with or without ulceration, &c. The constitution is evidently affected and there is an inflammatory diathesis which reveals itself as just stated. The antiphlogistic treatment is clearly indicated;—but in what shall this consist? There can be no doubt that if the patient will confine himself to the bed, be moderately depleted, and eat as little as possible, he will in many instances be ultimately relieved. Unfortunately, however, this plan of treatment can very rarely be resorted to elsewhere than in hospitals. In private practice our patients expect to be treated whilst attending to their usual avocations and in such a manner as to escape suspicion on the part of their friends. Under such circumstances I know of no better remedy than mercury, administered either in the form of proto-iodide, of blue pill, or of a solution of corrosive sublimate, until the gums be slightly touched two or three times. The patient should in the mean time avoid animal food and live as abstemiously as the nature of his pursuits will permit.

You may be surprised that I now recommend mercurials, after having said so much against <sup>their</sup> ~~its~~ efficacy in the *preventive* treatment. You might with equal propriety find it strange that we do not bleed to *prevent* Pneumonia when it is prevalent because we use the lancet after its development. Although depletion is useful in pneumonia when once formed, it strongly predisposes to it before that. The convalescent and those enfeebled by any cause are certainly those most liable to suffer during a prevalence of the atmospheric causes of pneumonia or of any other inflammatory disease—because the powers of resistance in the system are then lessened. That mercury administered so as to affect the whole system is an antiphlogistic of



considerable power is abundantly established by its use in the treatment of almost every variety of phlegmasia, whether acute or chronic. It is also thought by many to exert an influence *sui generis*, or in other words to set up an action of its own by which that of the disease is combatted. This is, however, not so easily understood nor so certain as its depressing or antiphlogistic effect. In general I prefer the proto-iodide of mercury to either of its other combinations, because we have here the antiphlogistic and the anti-scrofulous remedies happily blended. Half a grain given morning and night in pill will be found in the great majority of cases to act remarkably well, and is not so apt as mercury alone to aggravate the strumous disposition which so often obtains in secondary syphilis.

The appellation of *tertiary syphilis* has been by Ricord given to those forms of the disease in which the osseous and cartilaginous structures are principally affected, because these are usually the sequelæ of the primary or local, and of the secondary or cutaneous and mucous symptoms. They evince a stronger scrofulous taint than the secondary symptoms, and we accordingly find that they require remedies more directly corrective of this. The Profession is now almost unanimously opposed to the use of mercurials and in favor of that of the Iodide of Potassium in tertiary syphilis. This remedy in conjunction with or followed by sarsaparilla, arsenic, nitric acid, and other permanent tonics, will generally be found to control the disease at this stage, especially if persevered in sufficiently long.

*See P. 45* ~~~~~ *See P. 46*

#### ARTICLE XVII.

*Autopsical Observations—Scirrhus Degeneration of the Pancreas with Rupture of the Stomach.* By HENRY F. CAMPBELL, M. D., Demonstrator of Anatomy in the Medical College of Georgia.

When we consider the great importance of post-mortem examinations to the forming of correct conclusions with regard to the phenomena of disease, and the facility with which they are made, we are forcibly struck with the comparative infrequency of these investigations. Although well impressed with the advantages of autopsical observations, admitting their value, and

urging with seeming ardour, their utility and practicability, still it is a melancholy fact that this only correct mode of studying the physical changes wrought by disease is most deplorably neglected by physicians in many sections of our country, and from the most inert negligence, lesions escape observation and record, which would assist in the elucidation of many of the mysterious phases of disease.

The Profession long ago fully awake to the importance of these investigations, has by prudent and judicious management, succeeded in bringing the popular mind to a proper tolerance, and now examinations are assented to with readiness, that once were made only with the greatest difficulty, from the abhorrent prejudices of the patient's friends.

In the dissecting room also we have frequent opportunities of observing many rare and interesting lesions in the subjects destined for dissection, and though from their varied character, and in many cases, want of history, their value is much impaired and classification rendered impracticable, still, as notes of record, we are induced to report them, hoping that their accuracy, at least, may give them that importance with which our unpretending interpretation fails to invest them.

There is perhaps no place where a better opportunity is afforded for pathological study than the dissecting room, and though at first recent students may fail to detect the pathological changes on account of their inexperience in healthy tissues, still from the abundant facilities for comparison here extended, one will soon acquire, with a little attention, sufficient skill to appreciate at least the more ordinary variations from the normal Histology.

CASE I. *Schirrus of the Pancreas, &c.*—The subject of the following autopsy was a negro woman, aged about 72 years. On external examination the body is found extremely emaciated. A tumor is apparent in the abdomen, extending from the inner portion of the right hypochondriac, across the epigastric and somewhat into the left hypochondriac region, and projecting anteriorly so as to resemble in size and shape the head of a small fœtus.

The abdomen being opened by a crucial incision in the epi-

gastric region, the viscera are found in the following condition : Stomach very much contracted, measuring from cardiac to pyloric orifice but about 6 inches, and transversely but  $2\frac{1}{2}$  to  $3\frac{1}{2}$  inches. At its cardiac orifice the coats appear of nearly normal integrity, though even here the mucous membrane is much congested. At the greater extremity, or cul de sac, there is much thickening in the coats of this organ, especially the fibrous, the cells of which appear to be filled with indurated coagulable lymph, and towards the pyloric end, its tissue is much softened, tearing under traction with the fingers. On the posterior wall, near the pylorus is observed a *rupture* communicating with a cavity in the rear of the stomach, and surrounded by the ragged and disorganized coats of this viscus. In the cavity of the stomach is found about a gill of dirty looking grumous pus, which is its only contents.

The duodenum is very much indurated and thickened, except where it encircled the head of the pancreas, in which place the induration had given place to softening as in the adjacent portion of the stomach ; by the tumefaction, the opening of the ductus communis choledochus is permanently closed. This viscus, together with the rest of the small intestine and also the large intestine, is much contracted and attenuated.

*The Pancreas*.—On the removal of the stomach the pancreas is found enlarged to many times its normal dimensions. The structure throughout its whole extent is much altered except at its left extremity, and even here there seems to be an inordinate development of the normal glandular granules, which are much darker than natural. Approaching the right extremity, there is found much purulent infiltration, with a total metamorphosis of its tissue, this extremity constituting the large tumor above referred to. On the anterior surface of this tumor is found the ruptured entrance to a cavity containing a quantity of unhealthy purulent fluid with many shreds of normal tissue and communicating anteriorly with the rupture in the stomach above described. The matter here is not contained in a sac as in ordinary abscess, but the containing cavity seems to be the result of a solution of the glandular tissue, in this situation, rather than by the regular formation of pus, there being many imperfectly dissolved particles floating in the fluid.



The Wursungian duct is seen only in the left extremity, and here its structure is much altered, its coats thickened and calibre obliterated.

The lymphatic and mesenteric glands are much enlarged, some of the latter attaining the size of a nutmeg; indeed the whole lymphatic system in this region is much involved in the disease.

*The Liver*—somewhat below the natural size, of darker hue than normal, and in structure so dense that it was with much difficulty that the finger could be made to enter it.

*The Gall Bladder*—very much distended, containing about five ounces of bile, very dark and thick, which had distended the cystic duct, and the ductus communis choledochus as far as its entrance into the duodenum, which, as before mentioned, is entirely occluded by the tumefaction and induration of this intestine.

*Spleen* normal in color and structure, though somewhat diminutive.

*The Kidneys* and pelvic viscera unexplored.

**HISTORY.** Through the kindness of Prof. Joseph A. Eve, we are fortunately enabled to supply a few historical notes in the above somewhat rare, and interesting case.

For about two months previous to her death the patient had complained of pain in the epigastrium, with occasional nausea and loss of appetite: she was very much emaciated and the pulse feeble. The tumor was not observed till two weeks subsequently, at which time it resembled in size and shape a large orange. As it continued to increase the pain and nausea became more distressing, and vomiting quite frequent, till finally she was unable to retain even the blandest ingesta. Emaciation increased to actual marasmus; the pulse, before feeble, became extinct, and her completely exhausted condition told plainly that the finale was near at hand. On the night of her death, her attendants assert that while assisting her in changing her position, they distinctly heard "a noise resembling the bursting of something inside," and on replacing her in bed she immediately expired.

REMARKS. In the consideration of the foregoing case there is much of interest, both to the pathologist and practitioner. The little liability of the pancreas to disease, of any kind, had for a long time led pathologists to the opinion that it was scarcely ever affected, insomuch that M. Andral, in his *Treatise*, devotes but a few lines to this organ, and is content with observing "that it is exceedingly rare to find it altered \* \* \* \* that it is sometimes compressed by scirrhus or tuberculous masses formed around or within it; but in general we may assert, that the pancreas is one of those organs in which alteration of structure is least common, and that it is only by hypothesis that it has been made to play an important part in certain gastric affections." And Dr. Marshall Hall expresses the same opinion, when he asserts, that to this day, the diseases of the pancreas are of as little moment in a therapeutical point of view, as they are rare in their occurrence. M. Cruveilhier, in his extensive collection, reports but a single case of scirrhus pancreas, but refers to one other reported by another author. Prof. Gross also adverts to the great infrequency of pancreatic disorders, but admits their occasional occurrence in the form of simple inflammation, which sometimes causes induration, which may degenerate into scirrhus. In M. Velpeau's celebrated case, the scirrhus deposit in the pancreas was only the result of a carcinomatous cachexia, wherein all the tissues of the organism were similarly affected:—Here "the common cellular membrane, the muscles, bones, the lungs and heart, the tissue between the costal pleura and ribs, the stomach, duodenum and small intestines, the *pancreas*, kidneys, liver, vena cava, and coats of the gall bladder, the peritoneum, dura mater and the thyroid gland were all, in various degrees, affected with the disease," which consequently was not idiopathic in the pancreas.

Dr. Bigsby is quoted in the *Library of Practical Medicine* (3d vol., pp. 194–5,) to have enumerated twenty-eight cases of carcinoma of the pancreas recorded by different authors, which he conceives to have been idiopathic, and in eight of these, which were of long standing, carcinomatous disease did not extend beyond the pancreas. In one instance death took place from sudden hemorrhage, and a *large, deep ulcerated cav-*

ity was found in the cephalomatous head of the *pancreas communicating by a wide opening* with the duodenum.\* In two cases, no vestige of any form of scirrhous remained, the gland being altogether in a state of cancerous ulceration.

But above all, in illustration of the infrequency of carcinomatous disease of the pancreas, we would refer to the only correct and reliable data upon which to base an assertion, in regard to any point, in the history of this truly mysterious disease, viz., the statistical reports of those whose opportunities and assiduous researches have entitled them to our confidence and respect. In the Philadelphia Medical Examiner, is a memoir on the relative frequency of cancer, presented by Dr. Tanchou to the French Academy of Sciences: "The frequency of diseases, says Dr. T., is in direct ratio to the susceptibility of the organs affected by them. When this does not occur, it is to be attributed to some accidental circumstance. Cancer does not escape this general law. But what has not yet been investigated, are the order and nature of the causes of this disease. Imagining that the effects of civilization might play no small part in the production of this affection, Dr. T. consulted with the assistance of the Prefect of the Seine, Count Ramberteau, the Civil Register of that department." His statistics are deduced from the examination of these registers during the period of eleven years, from 1830 to 1840 inclusive, and it appears that in this lapse of time, there died in Paris and in the districts of Sceaux and St. Dennis, 9118 persons of cancerous affections occurring in all the various organs of the body. But *two* cases, out of this immense number, are noted as carcinoma of the *pancreas*.†

In concluding our remarks on this subject, we would suggest that diseases of the pancreas are perhaps more common than is generally believed, and that the paucity of reported cases

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\* The close analogy between this case (the account of which we had not seen till after our report was completed) and the foregoing is very remarkable, they differ only in two points, both important—viz., the variety of carcinoma, and the point at which the rupture occurs, the one being encephaloid, while we are induced to consider ours Scirrhous—the one opening into the duodenum, the other into the stomach.

† We would here call attention to the excellent paper of Dr. Le Conte, on the Statistics of Cancer, published in the 2nd volume of this Journal.



may arise from the fact that this organ is often overlooked in post-mortem examinations, on account of its obscure position, together with its usual immunity from disease, and that it may thus be often in a pathological condition and yet escape observation.

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ARTICLE XVIII.

*Deaths from Inhalation of Sulphuric Ether.* By PAUL F. EVE, M. D., Prof. of Surgery in the Med. College of Georgia.

CASE I. Mr. J., a member of the class in our College the past winter, and a candidate for the degree in medicine, inhaled sulphuric ether during the evening of the 3d of last March. The article was obtained from a Druggist of good reputation, in quantity 2 ounces, and the motive for using it, was its exhilarating effects, which he had experienced before. It was inhaled from a pocket-handkerchief, renewing or applying it three times, and about one ounce was supposed to have been consumed. The time of inhaling it was reported to be considerable, and a companion of Mr. J. removed the handkerchief suddenly while he was still breathing it. He became then furiously excited, and it required several persons to control him. He was forced upon a bed, where he soon fell asleep. A few moments afterwards, another student of medicine, not liking his breathing, which he reported to be sonorous, awakened him, when he again became much excited; indeed, so much so, that cold water was dashed over him. He now retired to bed, and nothing special was noticed until the next morning. He awoke perfectly rational, but complained of great pain in the forehead. This continuing unabated, I was sent for to see him at 2, P. M., on the 4th. Magnesia and salts in purgative doses, cold applications to the head, mustard-plaster to the neck and warm pedeluvia were prescribed; with the expression of the hope that these means would give entire relief. I was again sent for at 8, P. M., and also at 8, A. M., of the 5th, (the next day,) but did not see the patient until 11 o'clock, three hours after; he had been visited, and prescribed for in the meantime by Drs. Carter and Dugas—Dr. Ford was subsequently added to the consultation. Symptoms of meningitis,

&c., persisted in spite of all treatment pursued, and our patient died on the morning of the 7th.

CASE II. For this I am indebted to a friend :—During a recent visit to Huntsville, Alabama, among the several excellent professional brethren I met with there, was Dr. John Y. Bassett, who, among other advantages, had visited Europe. At my request, he kindly furnished the particulars of a case of *tetanus* to which he was called on the 15th of August, 1847. In the progress of it, Dr. Fearn, whose reputation is well known throughout our country, and who has twice been elected to a professorship in our Medical Colleges, was called into consultation. He proposed the actual cautery and the inhalation of sulphuric ether. Dr. B. says, at this time the patient's "pulse was good and there were no signs of immediate extinction of life. I heated my cautery, and sent for a Dentist who was in the habit of administering the ether. I gave a watch to the owner of the negro affected with lock-jaw, and requested him to speak at every quarter of a minute. In one minute, the patient was under its influence ; in a quarter more he was *dead*—beyond all my efforts to produce artificial respiration or restore life." All present thought he died from inhaling the ether.

Of course these cases should by no means be used as objections to the judicious employment of etherization. They are only adduced as proofs to the position, that *ether* as well as chloroform may produce death.

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## PART II.

### Reviews and Extracts.

*On some of the Causes of Sterility Remediable by Mechanical Treatment.* By G. T. GREAM, Esq., Surgeon-Accoucheur to the Queen Charlotte's Lying-In Hospital, etc., etc.—(London Lancet.)

Sterility in the married female is found to depend upon constitutional as well as upon local causes ; but the states of the general system occurring after marriage, which may give rise to it, are those of plethora, and the contrary state of anæmia. The treatment proper for the one and the other of these con-

ditions, by restoring the health, will generally, at the same time, render the uterine system fit for conception.

But it is the management of the local and mechanical impediments to conception to which I desire more particularly to call attention; those which are to be found at the orifice of the vagina, and that which exists at the mouth of the uterus.

It not unfrequently happens that virginity is prolonged after marriage, owing to over-excitement in the husband in consequence of his age, or other circumstances. By advice judiciously given, the former difficulty is always very readily overcome; but where there is incomplete physical power in the husband, it often becomes necessary to adopt a plan of treatment towards the wife.

I was called to see a lady, whom I found lying insensible on a sofa. I was told that she had frequently fainted, and that she was usually very hysterical; but that her friends had become alarmed in this instance by her prolonged insensibility. I took means to restore her, and when I called to see her on the following day, I learned that she had been married four months; that the first menstrual period after her marriage had been passed over without the appearance of discharge; that she had been more or less nauseated upon taking food; that she had become thin, and that she was thought by herself and her friends to be pregnant; and it was supposed that this was confirmed by the appearance of several slight and sudden discharges of blood from the uterus, which were attributed to threatened abortion; by the enlargement of her abdomen, (evidently from flatulence,) and a sense of fulness within the pelvis, and of tenderness in the groins and in the mammæ.

The history of the case caused me at once to make further inquiries of the husband, and he fairly told me, that although he was led into the belief that his wife might be pregnant, owing to the assertions of her friends, yet that now, after I had expressed a doubt about the matter, he felt sure that he had not been possessed of physical power enough at the time of connexion, to complete sexual intercourse. Upon examination of the wife, I found an unbroken hymen, but there was no great rigidity of the vaginal orifice, and it was evident that her health was impaired owing to the frequent attempts at, and the non-completion of connexion.

And this is not at all a singular state of things. I have known every symptom of pregnancy to supervene upon marriage, even to the suppression of the menstrual discharge, and the presence of moisture in the breasts; and in some such cases I have found an unbroken hymen, and the absence of conception.



On the day following the examination of this patient, I introduced into the vagina a large-sized metallic rectum bougie, causing a good deal of pain, and some loss of blood, and on the two following days a still larger one. A few days afterwards the husband called upon me, and said that the treatment had been quite successful. I did not see this patient again until some weeks had elapsed. I then found her stout and healthy, and having all the genuine symptoms of pregnancy. A little more than forty weeks from the period of the introduction of the bougies, she gave birth to a child. I learnt afterwards that the impediment to complete intercourse having been removed, no more want of power had been felt by the husband, which was owing, no doubt, to the warmth and lubrication of the vagina.

When the husband is advanced in years, and is newly married to a young wife, pregnancy may be deferred, owing to the absence of the physical prowess in him necessary for penetration. We have evidence that neither is the hymen, when present, a proof of non-impregnation, nor that physical power in the man is absolutely necessary, in order that pregnancy may ensue, in the fact that the hymen has not unfrequently been found entire at the time of labour; and in two instances which I could record, this membrane was perfect up to the period of delivery, in the wives of persons very much older than themselves, and who, from feebleness, were unable to use the force necessary for penetration, although they possessed the power of impregnation.

The presence of the hymen, under these circumstances, considered in a medico-legal point of view, would be strong evidence in favour of legitimacy, if the parentage of the child was doubted—that child having been the offspring of the young wife of an aged husband.

I was consulted by the mother of a young lady who had married a husband very much her senior, on account of some suspicions which she entertained, that the impaired health of her daughter was owing to imperfect sexual connexion. I desired her to make some necessary inquiries, and it became manifest that the physical powers of the husband had been too feeble to allow of his having effected intercourse with his wife. I suggested that the wife should sit over the steam of hot water, that she should apply an unctuous application externally to herself, and that her mother should explain to her that the contrary to resistance should be offered to connexion. Immediately after these recommendations had been carried into effect, signs of pregnancy manifested themselves, which have been confirmed by subsequent events. The patient's health is

restored, and as she is progressing most favourably in her pregnancy, there is but little doubt of her giving birth hereafter to a strong and healthy child.

I have selected this case for publication, in order to show how simple are the steps necessary very often, in such cases, for the relief of bodily suffering and mental anxiety; and yet, without advice, these precautions would probably never have been taken. I had proposed to dilate the vagina of this patient had not the means I recommended been found to succeed.

It will sometimes happen, that owing to excessive rigidity at the orifice of the vagina, there is an impediment to impregnation, although in the man there is no unhealthy condition. I have known virginity to exist after marriage, for periods varying from weeks to months, and even years; and I have been consulted by men who have honestly told me that they have frequently had connexion with women, before marriage, and had found no impediment to its perfect completion, but that, although they had been married a long time, they felt certain that something was wrong, but they could not say what it was. In such cases I have found in the wife an unbroken hymen, or so complete a state of contraction and rigidity of the vagina, as to prevent the possibility of its dilatation by the ordinary and natural means.

In the not uncommon cases of unbroken hymen, without any great rigidity, the simple introduction of moderate-sized bougies will in almost all cases be followed by conception.

The following case is interesting as affording an example of a very prolonged virginity after marriage, and of the great benefit that may result in such cases, both morally and bodily, from medical treatment.

A gentleman called upon me to tell me of what, he said, was a most extraordinary case, and to consult me with regard to it. He said that he had been married for more than ten years, but that he had never yet had proper intercourse with his wife, although there was no want of power, either physical or as regarded secretion. He stated, that at first his wife's resistance, through fear, and the excessive pain she appeared to suffer if a near approach was made to her, had deterred him from using force to any extent; that his emissions had always occurred externally; and that from having become habituated to this mode, and his wife being perfectly apathetic concerning it, as well as having no strong feeling of attachment for her, he had felt no wish to take steps to remedy the local evil that existed; but that she had become desirous of bearing a child, and that on her account, and not his own, he had been induced to consult me.

I appointed to see the wife, and from her I obtained a con-

firmation of her husband's history. She told me she had married very young; that she had not been made aware previously of what she was to undergo; that she resisted through fear, and that until within the last year she had never experienced the slightest sexual feeling, but that now she felt differently; that she was anxious to become a mother: but her great desire was to do away with the estrangement that she believed the existing state of circumstances caused between herself and her husband. Upon examination, I found the orifice of the vagina so rigid, that it required very firm pressure to introduce my finger, and its introduction seemed to cause excessive suffering. It thus became evident that no natural means could have caused penetration.

On the following day I introduced an elastic bougie a little larger than my finger, and for four days afterwards I introduced bougies of gradually increased size, the last that was employed being two inches in diameter. Their introduction caused extreme suffering, and some quantity of blood was lost. I then desired that for some nights a large sponge tent should be introduced, and kept within the vagina, and removed in the morning, and five days afterwards I was able to introduce the largest metallic bougie with comparative ease, and with no pain whatever. I now for the first time learned that the husband was obliged to be absent from home, and as the patient herself was going into the country, I recommended the continuance of the use of the sponge tent during each night until the husband's return.

I have since received a letter from this gentleman, informing me that there is no longer any difficulty: that in all particulars a great improvement has been made, and I have but little doubt I shall ultimately learn that pregnancy has supervened upon this altered condition; and I am led to think this because the state of the uterus was particularly healthy, and seemed perfectly fitted for conception. Here, then, is an instance in which domestic peace has been re-established, and supposed physical incapacity effectually and altogether removed.

I have selected these cases from my note-book, as being indicative of the effect of treatment to a marked degree. There are others whose general character is the same, but occurring under varied circumstances, and I have known a few instances in which actual incapacity on the man's part had rendered treatment of no avail; but these are only rare cases, and I am led to believe that there are but very few, whether the incapacity depends upon the woman, or whether upon the man, which may not, by proper treatment, be eventually cured.

It is now my desire to notice the causes of sterility arising



from an impediment at the uterine orifice. This impediment will depend upon unnatural constriction of the cervix, which is found in such cases to have no depression in its centre; its surface is smooth throughout, and upon viewing it through the speculum, the only indication of the position of the os uteri will be a vascular state of that part of the cervix immediately surrounding it. This condition may be met with in the individual of full habit, as well as in the anæmic, languid woman, whose person is but little developed, but in either case there will usually be much suffering from dysmenorrhœa.

There is also a state giving rise both to sterility and dysmenorrhœa, not discoverable by ordinary examination; it depends upon a constriction of the internal extremity of the cervix uteri, while the external opening remains freely dilated. This may be detected by the introduction of a small bougie, or of any instrument of that form, and it is not necessary to have recourse to inventions and probes for the uterus, of uterine sounds, or other such things, which after their construction, are usually found to be of less use than instruments not made for the purpose.

The free dilatation of the os uteri is in such cases the object to be gained, and perhaps no treatment is attended with greater success, for in the majority of instances it is followed by impregnation.

Should there be tenderness either in the uterus or its neighbouring parts, it should be relieved previously to the attempt at dilatation; and sometimes even the abstraction of blood from the loins is necessary, or from the cervix uteri, by leeches, in order to relieve the inflammation consequent upon repeated excitement and irritation not followed by pregnancy. These symptoms are seldom present in any but woman of full habit, and may generally be removed by the use of warm hip-baths, of laxatives, and a separate bed: but usually, in these cases, there is not that loss of general health that supervenes upon the non-consummation of marriage, as before described.

At first it is difficult to introduce a bougie of even a small size into the os uteri, under these circumstances, but after it has once been introduced, it can readily be followed by one somewhat larger, and perhaps a third, of still greater size. On the following day, or in some cases after a longer interval, a considerably larger bougie may be passed, and then a dilator may be introduced. I have employed for many years an instrument made upon the same principle as the female urethra-dilator, with two blades, but without the wooden appendages that are attached to that instrument, so that when the blades are closed a simple round steel staff is formed. The point of

this is inserted into the os uteri, and the dilatation effected by turning the handle until considerable resistance is offered to the further separation of the blades, or until the patient complains of sickness, I repeat this daily, unless much pain follows the process, and until the os uteri remains open, and is about the size of a goose-quill,

In order to facilitate the introduction of the dilator, the patient should lie on her left side, as in labour. I have in some instances succeeded more readily in dilating the os uteri by applying the dilator through the speculum, and I think there are sometimes advantages in using this instrument.

The following cases are illustrative of the immediate benefits derived from the dilatation of the os uteri :—

A lady, twenty-five years of age, who had been married two years, of delicate appearance, but making no complaint, except of the pain she suffered at the periods of her menstrual discharge, applied to me in consequence of the absence of pregnancy. It was of much importance that she should have children, in reference to property to which they would succeed.

I prescribed some tonic remedies; and as, from circumstances, she would be separated from her husband for three or four weeks, she went to Brighton during this time. Upon her return there was a marked improvement in her appearance, but she still suffered from dysmenorrhœa, which she had never ceased to do at each monthly period. About six months after this she again consulted me, as I had requested her to do if pregnancy did not supervene; and upon examination of the cervix uteri, I found it small, and without any perceptible opening. I dilated it gradually until it had attained a fair size, and I especially remarked that there was a distinct increase of bulk in the uterus between the time of the first introduction of the bougie and the full dilatation of the orifice. It became developed, but not inflamed; for no tenderness whatever succeeded any of the introductions of the dilator, which was used for six successive days, during which time the patient lived separately from her husband.

I have generally begun to dilate the os uteri about a day or two after the cessation of a menstrual period; but in this instance circumstances prevented my doing so, and it was not until the middle of the third week from the last period that I commenced the treatment, which was succeeded by painless menstruation. This was immediately followed by pregnancy. Abortion, however, unfortunately occurred at the fourth month; but this patient subsequently gave birth to a child at the full period of gestation.

I was consulted by a patient who was anxious to bear

children. She was thirty-two years of age, robust and healthy, with the exception of constant pain in the back after taking exercise, and of the regular occurrence of painful menstruation. There was considerable tenderness when pressure was made upon the cervix uteri, which did not yield to the less active remedies; she therefore lost about ten ounces of blood by cupping, and, after the symptoms were relieved, I dilated the os uteri, being obliged to wait once for two days, in order that some supervening pain, accompanied by sickness, might subside. This patient had for a long time afterwards no recurrence of dyshamorrhœa, but pregnancy did not follow the dilatation, and after a little less than twelve months had passed, I again saw her on account of some threatening of pain at the two last menstrual periods. Finding the os uteri closed nearly as before, I at once proceeded to dilate it. This patient suddenly gave birth to a child within a year from the adoption of the treatment.

The following case proves that other advantages are derived from dilatation of the os uteri:—

A patient came to consult me, accompanied by her mother, from whom I learned that she was much distressed at not bearing children, which she attributed to her impaired health. She was twenty-nine years of age, had been married eight years, and although she was a fully-developed woman, she was not anæmic. Her pulse was small and weak, and her extremities usually cold; she was generally out of health. She had not menstruated for nearly two years and a half, and when she had done so, great pain always accompanied it. I prescribed steel and other remedies with great advantage as regarded the general system, but with none as far as menstruation was concerned, nor was there the slightest indication of its approach. I therefore examined the uterus, and found it small in size; the cervix gave but little indication to the finger of the position of the os uteri. I introduced a small bougie, and subsequently followed the same course, in order to dilate the os uteri, that I have described in the other cases. There was some bleeding at the time of the last dilatation, and there was sickness on the following day, but the uterine secretion returned from this time, at first irregularly, but eventually at intervals of three weeks, small in quantity, but without pain. I learned from the husband of this patient that connexion had previously always been attended by excessive pain high up in the vagina; this had entirely ceased, and as the health had improved, there is every reason to anticipate a successful result in this case as regards pregnancy.

I have other cases on record in which freedom from



dysmenorrhœa was obtained by a dilatation of the os uteri, although pregnancy did not always supervene; but I am in no way intending to recommend the adoption of the treatment, simply to relieve this complaint. I should shrink from suggesting the propriety (under any circumstances, except those of most rare occurrence) of destroying the hymen of unmarried women, by the introduction of an instrument into the vagina—a custom I fear too much adopted just now by a few practitioners, with the view of treating ulcers in the cervix uteri. An ulcer may be readily formed by caustic, but caustic will not remove that which does not exist.

I examined with the speculum (being induced to do so by the special circumstances of the case) the uterus of a patient who suffered extremely from dysmenorrhœa. The os uteri was small, but not quite closed, and the part of the cervix surrounding it was vascular. I thought it better to use the dilator, which I did twice; and within a week the vascularity had disappeared, and pregnancy subsequently ensued. This patient had been married three years, but had never been pregnant; she had been under treatment, however, for weeks, if not months, up to the time of my seeing her for supposed ulceration of the cervix uteri.

The practice of dilating the os uteri in cases of sterility, has been adopted for many years—it is practised by all whose attention is particularly directed to such circumstances. Some few authors have written upon the subject, but owing to the absence of publication concerning it, the practice had been thought to be exclusively confined to one or two individuals.

I am aware that a system has been adopted—not, however, in London, except in a few experimental cases, of incising the cervix uteri; but as I have become cognisant of the formation of cicatrices after such treatment, and of permanent alteration in the shape of the uterus, causing, in my judgment, an impediment to conception for ever afterwards; and as I have also heard of the occurrence of alarming hæmorrhage at the time of making the incisions requiring plugs to be introduced into the vagina, I have not been induced to notice this practice farther than to observe that it has been proposed and even hazarded—but that it has not been adopted by those best able to judge of its safety and efficacy.

Sponge tents have also been introduced into the cervix uteri for the purpose of dilatation, and in some instances they might succeed; but the use of the dilator appears to me to be both safe and more certain. I have therefore preferred it to any other mode.

The supposed cases of ante-flexion, and retro-flexion, &c.,

as causes of sterility, hardly require notice, so rarely do they, if ever, occur; nor would the practice of introducing instruments into the uterus, and causing them to be retained there, call for any comment, if it were not right to warn those who may be inclined to try experiments, against the harm that may arise from such introduction. The cases are not uncommon in which much mischief has been done by these instruments; and those who have been able to retain them during a twelve hours' journey to the metropolis have been, in most instances, too glad to have them removed immediately upon their arrival; and fortunate if they have not been obliged, as has occurred, to undergo treatment in order to remedy the ill-consequences produced.

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*Cauterization as a Remedy for Accidents resulting from Surgical Operations.* By M. BONNET, of Lyons. (Condensed from the Bulletin Général de Thérapeutique, Feb. 1848.)—Ranking's Abstract.

Among the "accidents" or consequences of surgical operations, as amputations or the ablation of tumours, which render extensive incisions of the skin necessary,—erysipelas proceeding from the edges of the solution of continuity, step by step, over a large portion of the cutis, phlebitis and purulent absorption, abscesses in the viscera, humid gangrene and the putrefactive fermentation of substances contained in cavities imprudently opened—are not infrequently observed. Nothing in practical surgery is of deeper interest, or more imperiously demands a new investigation, since it may be stated with confidence that art is deficient in resources to counteract the greater part of these complications. Numerous facts have demonstrated to me the powers of cauterization. Practised either with nitrate of silver, potassa, chloride of zinc, or even the hot iron, according to circumstances, it arrests the progress of erysipelas, phlebitis, and humid gangrene, especially when it is applied with energy, and at the period when these lesions are still accessible to its direct action.

Struck with the results, and comparing its harmlessness with the lesions, so frequently mortal, from incision, ligature, or excision of varices, I considered that cauterization should be substituted as much as possible for all the operations which relate to varices. I developed this general principle in a memoir published in 1843, and I considered cauterization especially as a method prophylactic and curative of phlebitis and purulent absorption. The cauterization of hemorrhoids complicated with prolapse of the rectum, in the form of a ring

projecting externally, was also considered in this memoir. To these results I could add new facts of another order, as the treatment of four cases of varicocele, in which the destruction of the veins by caustic resulted in complete cure without any risk; but I merely mention them as indicating the generality of the law, and I pass on to the special object of this memoir, that is to say, the study of cauterization as a means of counteracting the accidents above mentioned.

1. *Phlebitis*. For the purpose of demonstrating the utility of cauterization in inflammation of the veins, I cited, in my memoir of 1843, two orders of facts—the one relative to phlebitis the consequence of anatomical punctures; the other, to phlebitis the consequence of bleeding. Of phlebitis from anatomical punctures, which I had then treated with the hot iron, the cases were four in number. They were all complicated with inflammation of the superficial absorbent vessels. There was enormous swelling of the forearm and arm in three cases, and of the leg and thigh in the fourth. I have only once since this period had occasion to apply the actual cautery to an anatomical puncture, acting as the point of departure of similar lesions. In this, deep cauterization of the wound carried along the course of the diseased vessels was followed by the same result as in the former cases. In the memoirs of 1843, there was but one case of phlebitis, the consequence of bleeding, treated by the actual cautery. The cellular tissue of the whole arm was in this case the seat of suppuration and gangrene. This tissue was cauterized deeply into the seat of the superficial veins. ‘*Le Bulletin de Thérapeutique*’ contains an analogous case, in which the actual cautery arrested a violent phlebitis, the consequence of bleeding in the arm.

When the inflammation is confined to a few centimetres round the punctured vein, and not attended with any sign threatening gangrene, we may content ourselves with less powerful caustics, and such as are more easily applied. We may use Vienna caustic, or caustic potassa. In a case of very painful inflammation of the foot, developed from a puncture of a vein in the foot, in bleeding, six days previously, the chloride-of-zinc paste introduced into the large opening occasioned by the bleeding, and allowed to remain for eight hours, produced an eschar fifteen millimetres in diameter, and completely limited the progress of the inflammation.

*Purulent resorption*. It would be the triumph of therapeutics to cure this disease, so constantly mortal, and so frequently the result of the larger operations. Aware of the power of the actual cautery to check phlebitis I naturally tried it in cases of purulent absorption. The results were not very favourable;



and it is easy to understand that its efficacy must be limited, especially when the absorption follows amputation. In fact, phlebitis, which precedes and generally involves as a consequence purulent resorption, occupies the veins which accompany the arteries, or those which make an integral part of the medullary tissue of the bone. We can only reach the large extremities at the surface of the wound, and it is impossible to cauterize them in their course. When unquestionable symptoms of purulent resorption manifest themselves, pus has already formed in the interior of the viscera, as the liver and lungs, and death is an inevitable consequence.

In spite of these unfavorably conditions, deep cauterization of the wound is the only means which offers any chance of success. In five patients, whose cases are given in the memoir of 1843, three died as quickly as if the cautery had not been applied; a fourth lived three months, the wound resulting from an amputation having been deeply cauterized with chloride-of-zinc paste. He escaped the results of that dreadful disease, from which he would have perished in less than a week. The fifth case, which was cured, resulted from the ablation of a tumour from the side of the tendo Achillis.

M. Cauvière, of Mareilles, has employed the actual cautery in three cases of purulent resorption; in one of which it was completely successful. Since cauterization is the only method which has produced any satisfactory result, I advise its employment, especially at the commencement of the affection, at the period when the swelling and pain in the neighbourhood of the wound indicate that resorption is imminent. It may be done with the actual cautery, or with the chloride-of-zinc paste, which should be left in the wound from twelve to twenty hours.

In a communication to the Academy of Sciences, the 13th of September, 1847, M. Gouyon advised dressing with a solution of three grammes of nitrate of silver in thirty grammes of water. He does not give cases in support of his practice; but the very superficial cauterization thus obtained is probably not so useful as the deep cauterizations which I employ, even these being frequently insufficient to localize the disease.

*Traumatic erysipelas.* This kind of erysipelas must not be confounded with erysipelas from an external cause independant of an injury, from which it differs in its nature, symptoms, course, gravity and treatment. No relation can be established between simple erysipelas and inflammation of the lymphatic vessels; but frequently, from the commencement of traumatic erysipelas the skin is observed to be streaked with red lines following the direction of the lymphatics, and which subse-

quently uniting, give birth to well-marked erysipelas. In spontaneous erysipelas, the diseased part is insensibly blended with the healthy part, and it generally stops where it was originally developed; in traumatic erysipelas, on the contrary, a red elevation, a line of demarcation, separates the erysipelatous from the sound skin, and the evil, at first confined to the site of the wound, encroaches gradually, and frequently to a great extent, upon the healthy part. While spontaneous erysipelas is frequently accompanied with only simple œdema, of the cellular tissue, mortification of this tissue is as frequent a consequence of traumatic erysipelas; and this is inevitable when traumatic erysipelas attacks the skin of the penis or scrotum. Simple erysipelas is frequently unattended with any danger: the prognosis in traumatic erysipelas is, on the contrary, always unfavorable. Its appearance when the wound is deep, leads us to apprehend the development of purulent absorption; it is attended with delirium when it occurs on the hairy scalp; and frequently, without either of these complications, it proves fatal.

The treatment of traumatic erysipelas, compared with that which is proper for the simple variety, is not less different. While emetics and divers local applications, as vinegar and water, mercurial ointment, &c., appear to produce the most marked results in the latter, which gets well in a few days under the influence of such treatment, or simply by the expectant plan, the former pursues its course in spite of internal remedies or the local applications usually resorted to. A special mode of treatment can alone arrest its progress. The object of such treatment must be to destroy as much as possible the putrid principles which may be absorbed from the surface of the wound, and to limit the erysipelas to the part which it has already invaded.

Cauterization is the only means by which we can obtain this double result, at the same time that it is the only remedy possessed of any efficacy against phlebitis and purulent absorption; it is the only useful remedy in traumatic erysipelas, which has so close a relation to those affections in its courses and intensity. It may be done with concentrated solution of nitrate of silver, or caustic potassa, applied to the surface of the wound and the affected skin, as employed by Mr. Higginbottom, and subsequently by M. Fanchou. We may use an ointment of nitrate of silver, as recommended by M. Jobert containing four, eight, or twelve grammes of the nitrate to thirty-two of water, according to the intensity of the disease. These means will suffice in slight cases; but there is a better chance of succeeding by cauterizing the wound deeply, which is the point of

departure of the erysipelas. When difficulties present themselves from the extent and depth of the wound, and the surface occupied by the erysipelas, the deep cauterization may be advantageously combined with superficial cauterization of the skin. In the cases in which the traumatic erysipelas makes rapid progress, and neither the nitrate-of-silver solution nor deep cauterization of the wound puts a stop to it, the actual cautery should be resorted to. Larrey recites two very remarkable cases of success obtained by the cautery applied in numerous spots over the erysipelatous surface, and insists on the advantages of this treatment. I have had to regret not having adopted this bold practice under many analogous circumstances.

[The principles advocated in this paper are illustrated by the following cases:]

1. Laceration of the skin of the fore-arm; traumatic erysipelas; cauterization with nitrate of silver; rapid cure.

2. Traumatic erysipelas of the hairy scalp, succeeding to the opening of an abscess; cauterization of the whole internal surface of the abscess; almost immediate cure of the erysipelas.

3. Extirpation of a scirrhus tumour of the breast, and of numerous glands in the axilla; traumatic erysipelas; cauterization of the bottom of the wound, and employment of nitrate of silver ointment; cure.

4. Section of the sphincter in a fissure of the anus; traumatic erysipelas; useless cauterization of the wound with chloride of zinc, and of the erysipelas with nitrate of silver; actual cautery; gangrene of the scrotum; cauterization of this part with chloride of zinc; alarming complications; cure.

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*Synopsis of the Methods of Treating Asiatic Cholera, recommended by recent Writers.—(Ibid.)*

1. *Dr. Graves*: No faith in mercury. A scruple of acetate of lead with one grain of opium, divided into twelve pills; one to be given every half hour till the discharges diminish.—*Clinical Lectures*, 2d Ed. vol. i, p. 419.

2. *Dr. Wood*, Philadelphia; Calomel and opium, in small, repeated doses; acetate of lead, kino; cold water to drink; external warmth; diffusible stimulants.—*Treatise on the Practice of Medicine*, vol. i.

3. *Dr. Parkes*: First stage, blood-letting sometimes; acetate of lead, two to three grains, with a quarter of a grain of opium, every half hour for two or three hours; external warmth useless; large doses of calomel injurious; mustard poultices to



epigastrium; cold drinks; diffusible stimuli. In *collapse*, blood-letting sometimes relieves. No treatment to be relied upon.—*Researches on Algid Cholera*.

4. *Dr. Milroy*: External warmth; saline emetics, as salt, one table-spoonful in a tumble of water; turpentine stupe; salt or turpentine enemata; calomel when the vomiting has abated.—*Pamphlet on Quarantine*, 1847.

5. *Mr. Bell*: Bloodletting, if seen in three or four hours from invasion; quinae disulph. grs. xij; ferri sulphat. grs. ix; aquæ Oiss. Dose not stated.—*Medical Gazette*, Jan. 1848.

6. *Dr. Black*: Small bleeding in stout subjects; calomel and croton oil repeated three times; then calomel with capsicum; enemata of warm water.—*Prov. Med. and Sur. Journal*, Jan. 26, 1848.

7. *Dr. King*: Cold water *ad libitum*; large doses of calomel.

8. *Dr. Turnbull*: Capsicum embrocations.—*Lancet*, Jan. 29, 1848.

9. *Dr. Arthur Wilson*: Warm mustard emetic; venesection where possible; neutral non-aperient alkaline salts; inhalation of oxygen.—*Lancet*, Nov. 4, 1848.

10. *Dr. Ayres*: Two grains of calomel and two drops of laudanum every ten minutes, as long as collapse lasts.—*Lancet*, Oct. 7, 1848.

11. *Dr. Henriques*: Quinine in large doses, in all stages; stimulant embrocations; injections of decoction of bark.

12. *Mr. Allen*: Large doses of calomel at the commencement; bleeding occasionally; mustard poultices to the spine and abdomen; enemata of hot salt and water.—*Lancet*, Oct. 21, 1848.

13. *Dr. McCann*: Mustard emetic; brandy and laudanum, and calomel and opium; stimulant embrocations.—*Lancet* Oct. 21.

14. *Mr. Hird*: Mustard emetics, followed by acetate of lead and opium; stimulating apothems.—*Lancet*, Oct. 21.

15. *Mr. Jenkins*: Strychnia, gr. j.; conservative of roses sufficient to form eighteen pills; one every quarter of an hour.

16. *Mr. Beaman*: Salt emetics; external warmth; then carbonate of soda in effervescence with lemon juice; external warmth.—*Lancet*, Sept. 2.

17. *Mr. Hancorn*: Emetics; diffusible stimulants, as ammonia, capsicum; hyd. c. creta; tinct. ferri sesquichloridi in concentrated form after every motion; sulphuric acid embrocations; hot-air bath.—*Lancet*, Sept. 9, 1848.

18. *Dr. Radcliffe Hall*: Five grains of tartar emetic in half a pint of camphor mixture; an ounce every two hours, till tolerance is effected.

19. *Mr. Brady*: In premonitory stage, ol. ricin. ʒiij. chloroform, gt. vj. tinct. opii, gt. xx.; aquæ menthæ, ʒiss.; f. haust. If reaction ensues, external warmth, sinapisms, and following draught and pill, repeated according to circumstances.

℞ Chloroform, gt. viij,

Sp. vin. gall., ʒiij.

Aquæ, ʒij, f. Haust.

℞ Fellis bovini, gr. iv,

Hyd. chlor. gr. iij. f. Pil.

Chloroform embrocations to the spine.—*Med. Times*, Oct. 14.

20. *Dr. Shearman*: Bloodletting, followed by transfusion of blood; respiration of oxygen and atmospheric air; tartar-emetic-treatment.—*Medical Gazette*, Oct. 14.

21. *Dr. Patterson*: Rathkeale; Five grains of calomel, with thirty drops of laudanum, every four hours; then an enema, consisting of sulphate of copper, sulphate of zinc, and alum, a scruple of each in two ounces of water; a wine-glassful thrown up every few minutes till retained; after retention for half an hour, a large warm water injection.—*Dublin Medical Press*, Sept. 20.

22. *Dr. Cowan*: Thinks well of bleeding in robust persons: stimulating emetics; calomel and opium; effervescing salines *ad libitum*; external warmth.—*Prov. Med. and Surg. Journal*, Nov. 1, 1848.

23. *Sir James Murray*: A wineglassful of his fluid of camphor every ten minutes, with a few drops of laudanum, inflating the lungs with electrified air; galvanic discharges through the respiratory and spinal nerves.—*Lancet*, Nov. 4, 1848.

24. *Mr. Marsden*: Calomel and ginger: with powders of common salt, ʒij, carbonate of soda, ʒj, oxymuriate of potassa, gr. vij, every quarter of an hour till reaction ensues; hot salt baths; warm saline emetics.—*Lancet*, Nov. 4, 1848.

25. *Dr. Willemin* and *M. Moreau*: Cannabine, the active principle of Indian hemp. The preparation a tincture of the strength of one grain to ten drops of alcohol; dose, ten to fifteen drops.—*Lancet*, Nov. 4, 1848.

26. *Dr. Hill*: Place the patient in a warm bed; give internal stimulants; friction with warm flannels; external heat; chloroform inhalations repeated at intervals.—*Lancet*, Nov. 4, 1848.

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*Treatment of the Diarrhœa of Infancy.* By Dr. WEST.  
(*Medical Gazette*.)

In his treatment of the intestinal affections of infancy, Dr. West shows great powers of discrimination and therapeutical

application. In the simple form he relies greatly on a well-regulated diet; but if the evacuations are abundant, but fecal and unattended with tenesmus, he gives to a child a year old a mixture containing

℞ Magnes. sulphatis, 3j;  
Tinct. rhæi, 3ij;  
Aquæ carui, 3vij;

Dose—a teaspoonful every six hours.

In the diarrhœa of teething, he lances the gums where gingival tumefaction is very decided, but otherwise thinks the operation a needless infliction. In this form, instead of the saline mixture, he employs small doses of ipecacuanha combined with an alkali, from which he has derived great benefit. Three or four drops of liq. potassæ, and the same of vin. ipecac., are given in a little mucilage every four hours; and at the same time a powder of one grain of Dover's powder and one of hyd. c. creta is given at night. The warm bath is also an useful adjuvant.

Where astringents are required, he gives the preference to extract of logwood in combination with tincture of catechu, which is a valuable tonic as well as astringent. If the motions are slimy, he continues the night powder. If there is much acidity, a little soda is added to the astringent mixture.

In inflammatory diarrhœa Dr. West seldom considers depletory measures to be called for, but if leeches are used, he advises great caution to prevent unnecessary loss of blood. In these cases, if there is no great irritability of stomach, he thinks highly of small doses of castor-oil and laudanum, as below.

℞ Ol. ricini, 3j;  
Pulv. acac., ʒj;  
Syrup. simp., 3j;  
Tinct. opii, gt. iv;  
Aquæ aurant. flor., 3vij.

A teaspoonful every four hours.

Tenesmus is treated by laudanum and mucilage enema, Speaking of the still more severe forms of diarrhœa, the author's remarks are as follows.

“There are some cases in which, after the disease has passed its acute stage, it still retains much of its dysenteric character; the bowels not merely acting with undue frequency, but the evacuations containing mucus, pus, or blood, and their expulsion being attended with very considerable tenesmus. The strength in such *chronic* cases is very greatly reduced, and emaciation goes on to a greater degree than in almost any other affection, with the exception of phthisis and mesenteric disease; while the bowels are excited to almost immediate



action by even the simplest food. The treatment of these cases is attended with considerable difficulty; recovery, when it does take place (and it is consolatory to know that it often does, even from a condition apparently desperate,) is brought about very slowly, and each remedy employed seems speedily to become ineffectual. Throughout their course two objects are to be borne in mind; one being to check the diarrhœa; the other to support the child's strength during the time required for nature to effect the cicatrization of the ulcerated mucous membrane, and to restore it to a state of health. The utility of mercurial preparations has appeared to me to be almost exclusively confined to the early stage of dysentery, and to cease when the disease has passed into the chronic form. On the other hand, astringents may now be employed with the most marked benefit, and, when one fails another may be substituted for it. In cases where the stomach has been very irritable, so that almost everything taken has been speedily rejected, I have sometimes employed the gallic acid in combination with laudanum, and have seen much benefit follow from its use. At other times I have given the acetate of lead likewise with opium—a combination which, notwithstanding that decomposition takes place, yet retains its efficacy when given in the form of mixture. The sulphate of iron combined with opium is another highly useful remedy in these cases, and appears to have this advantage over the sulphate of zinc, which has likewise been used in similar cases,—that it does not excite the same irritability of the stomach.

Our remedies are not to be confined to those administered by the mouth; for much may be done towards relieving the symptoms and curing the disease by suitable enemata. In some cases of unmanageable diarrhœa, M. Trousseau employs an enema of nitrate of silver in the proportion of a grain to an ounce of distilled water, with very good effect. I have never employed it, but have sometimes used the gallic acid as an enema, though not sufficiently often to be assured of its efficacy."

[The author concludes with directions as to diet, in which he advises weak animal broths in preference to farinaceous articles.]

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*Gastrotomy in Cases of Obstructed Œsophagus.* By Professor SEDILLOT. (Condensed in various European and American Journals, from the Gazette Méd. de Paris, Jan. 1847.)—Ranking's Abstract.

The operation here proposed consists in incising the abdominal parietes opposite the anterior wall of the stomach, making an

opening into the latter, and connecting the edges of this opening with the external wound, so as to form an artificial fistula, by which sustenance may be administered in cases where irremediable obstruction of the natural passage exists. Such cases, if left alone, are quite desperate, their only possible termination being death by famine; and Sédillot, therefore holds that it is justifiable to interfere by any means which offer a chance of safety. That the operation which he proposes is not impracticable is proved by various cases (such as that of the celebrated Alexis St. Martin) in which a stomachal fistula occurred, as a consequence of accidental wounds: and also by the experiments of Blondlot on animals, in one of which he kept a dog in health two years, nourishing him by means of an artificial fistula of the kind described. Experiments of this description have also been performed by Sédillot himself with a successful result. With these facts before him, he argues that, although gastrotomy ought not to be proposed where there is a probability of life being continued for some time without interference, yet in those in which death is evidently imminent, and where there is no other resource, the surgeon ought not to hesitate about giving his patient the chance of a prolonged existence, and freedom from suffering.

If this be admitted, it is evidently of great importance to keep in view those circumstances under which obstruction of the œsophagus might render such an operation necessary. The author, therefore, enters into an elaborate review of all those lesions of the œsophagus which lead to permanent constriction of the natural passage. He gathers from pathological writers a great variety of cases, which he arranges under fifteen heads, viz:

1. Congenital absence of part of the œsophagus.
2. Stricture in consequence of tumours in the neighbourhood of the œsophagus.
3. Tumours formed between the tunics.
4. Hernia of the mucous membrane.
5. Polypi.
6. Stricture by atrophy of the tube, without appreciable lesion of its walls.
7. Atresia, from cicatrices, with loss of substance.
8. Fibrous stricture.
9. Fibrous degeneration of the muscular coat.
10. Cartilaginous stricture.
11. Osseous transformation.
12. Complete obliteration.
13. Cancerous stricture.

14. Impermeable stricture of the cardia.

15. Fatal œsophageal stricture without known cause.

The cases to which the operation is applicable, as above enumerated, appear to be referable to two divisions; the first being those cases in which the operation is performed without hope of modifying thereby the original diseased condition, and merely to prevent death by hunger; second, comprising cases in which the original condition is susceptible of modification, and where the establishment of a new passage to the stomach either assists the cure, or prevents the further progress of the disease. In this respect the proposed operation has a close analogy in its mode of application to the more familiar one of tracheotomy.

The principal cases to which gastrotomy is applicable, according to Sédillot, with the double purpose above mentioned, are those comprised in the fourth, seventh, and thirteenth sections of his arrangement. In the fourth series, in which the mucous membrane is thrust through the other tunics, so as to form diverticula, he holds that the constant passage of the food distending these abnormal pouches is certain to keep up the morbid lesion, and, even by dilating the pouches still further to hasten the ultimate obliteration of the normal passage; whereas, if the operation of gastrotomy be performed, there is a probability that the pouch may, in time, contract and obliterate itself. In the seventh series, comprising all the wounds and inflammatory lesions of the œsophagus, in which there is hope that the judicious employment of catheterism might ultimately restore the tube to its function, Sédillot holds that gastrotomy will often permit us to continue this treatment when otherwise the death of the patient, by inanition, would have frustrated our efforts; and he believes that, in such cases, the chances of cure will often be greatly increased by the complete rest which is obtained in the intervals of treatment for the diseased portion. Finally, in the truly cancerous lesions, where the diagnosis can be ascertained with any degree of certainty, he conceives repose of the part to be of the first consequence, as both catheterism and the passage of food through the cancerous part tend very much to the rapid progress and fatal issue of the disease; and he thinks, therefore, that gastrotomy may possibly be found to be applicable to cancerous cases at an earlier period than that at which death by inanition is imminent.

It is necessary to state that the operation has never yet been performed by Sédillot, although he so strongly advocates its performance.



*On the Necessity of Excision in Cancer of the Lip.* By CHARLES FLUDER, Esq. (Condensed from a letter in the Medical Gazette, May 26, 1848.)—Ibid.

The object is to direct attention to a most important fact, already perhaps known to many, but not duly acted on—the certain fatality of cancer of the lip, if left to its own course, or if treated in any other way than by excision; and the necessity of, and more especially the almost certain cure consequent on, that measure.

In the course of rather more than twenty years of practice, it has been my lot to observe very many of these cases; on the one hand proving what I fear cannot be said of scirrhus at other parts of the body, the real utility of excision; and, on the other hand, as clearly demonstrating the certain melancholy fatality consequent on reposing on other treatment, to the exclusion of the only real remedy, the knife.

The disease begins with some little wart or fissure, or abrasion, and it most commonly occurs on the lower lip. Before very long ulceration is perceivable, and induration, and the progress is much like scirrhus at other parts. One or two cases will be sufficient in illustration.

A few years ago a medical practitioner was on a visit to a gentlemen in this country, on whose lip he one day accidentally observed a very small appearance of the sort above mentioned. He was told it had been there many weeks, and had not changed much in appearance, either for better or worse, notwithstanding various applications had been used. He advised excision, but others recommended the trial of various escharotics for several months; and beyond this, I believe even still more delay occurred. At last, after an interval I imagine of nearly a year from the time that excision was first advised, the disorder becoming more formidable, it was decided in consultation that the time for an operation had passed, and the poor gentleman died a lingering and miserable death.

About seven or eight years ago a labouring man, resident in this neighbourhood, showed me a small ulcer in his lip, which he attributed to the adhesion of a tobacco pipe, while smoking. The ulcer had been there two or three months, and there was some hardness around it. He had applied leaves and ointment to it, without benefit, and lunar caustic had been used. I advised him to let me cut it out, but he declined. I met this man some six or seven months afterwards, when he again showed me his lip. The disease had increased, having become a hard tumour, about the size of a nutmeg, with an ulcerated surface.

On this occasion I urged very strenuously the necessity of excision. He was unable to muster sufficient courage, and I again lost sight of him for several months. He then came a third time. I examined the poor man again; but the disease had extended too deeply. The submaxillary and sublingual glands were contaminated; the tongue itself was assuming a morbid appearance, and it was decided, by others as well as by myself, that an operation could be of no avail. This poor creature perished in the most horrible manner; not, however, until the deadly parasite had gnawed its way through the mouth to the pharynx and œsophagus.

On the other hand, I have around me many cases (and I know of many more) in which the operation has been performed ten, fifteen, and eighteen years ago; and though in all of these the operation was only had recourse to when there was no mistake as to the malignity of the disease, in none has it returned.

Whether the disease in question be or be not true scirrhus, is not a point for me to determine. One thing to me is certain, that there is a disease of common occurrence in the lip, watery or ulcerative, with induration, trifling at first in its appearance, insidious in its progress, but fearful fatal in its result; which, if treated by excision, rarely, perhaps never, returns—if otherwise, leads invariably to a painful death.

The operation is sufficiently simple. A triangle of lip must be taken out, the base of which triangle is formed by the surface of the lip, with the tumour or ulcer on it. The incisions are best made with a bistoury, extending beyond the induration on each side of it, so that the apex of the triangle may be thoroughly clear of induration. A semicircular incision has been recommended around the induration, but this is not so good as the triangular operation. The wound is much longer, healing by granulation, and leaves a worse lip; indeed, it is astonishing how very little deformity or inconvenience arises after the triangular operation, two or three small sutures, strapping, and a light bandage being all that is required in the way of dressing.

An ulcer or wart, or tumour of the lip, of suspicious, appearance, may be treated by caustic or escharotics for a short time; but if the disease gives evidence of increase instead of diminution, it is unjustifiable to delay excision until the adjacent textures are implicated, because of this exceedingly important fact—that what is malignant here, unlike malignant disease of other parts of the body, is at an early period entirely under the control of the knife. In short, that scirrhus at this part is capable not of extirpation only, but of extermination.

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*Remarks on Lupulin as an Anaphrodisiac.* By WM. BYRD PAGE, M. D., Consulting Surgeon to the Philadelphia Hospital, Blockley.—(Medical Examiner.)

In offering to the medical profession the application of a means of relief for any affection, the practitioner does nothing more than a self-imposed duty requires.

Actuated only by such a motive, I propose the administration of Lupulin as an anaphrodisiac, a use to which, I believe, the article has never before been applied as a therapeutic agent.

The hop has long held a prominent position in the *materia medica* as a tonic, and as a narcotic and calmant, in many disordered conditions of the nervous system. Its different preparations have been administered internally, and applied externally, in affections calling for the exhibition of medicines for the production of sleep, the relief of pain, and for quieting unusual nervous excitement, when the more powerful and usually more certain medicines of the same class, have been deemed inadvisable from some peculiar circumstances.

The principle virtues of the hop are believed to reside in Lupulin, which is described as occurring as a secretion in the form of granules, on the under surface of the scales or strobiles of the *Humulus lupulus*.

Lupulin was first described, and its properties made known, by Dr. A. W. Ives, of New York, though some notice had been previously taken of it. According to the U. S. Dispensatory, "it is obtained, separate, by rubbing or threshing and sifting the strobiles, of which it constitutes from one-tenth to one-sixth by weight. It is in the state of a yellowish powder, mixed with minute partibicles of the scales, from which it cannot be entirely freed when procured by a mechanical process. It has the peculiar flavour of hops, and appeared to MM. Lebaillif, and Raspail, when examined by the microscope, to consist of globules filled with a yellow matter, resembling in this respect the pollen of vegetables. It is inflammable, and when moderately heated becomes somewhat adhesive."

It is kept by most apothecaries, and can be procured in a few moments by the above simple process.

More than two years since I introduced Lupulin to a limited extent into the Philadelphia Hospital, (Blockley,) as a remedy to prevent nocturnal erections in different forms of acute venereal disease, and have subsequently used it sufficiently often in my practice, to justify its presentation to the medical profession as a very good article for the purpose, one of great efficacy, and entirely free from many of the objections to the preparations of camphor, opium, dulcamara, stramonium, &c., which have hitherto been principally relied on.



One of the most painful and troublesome attendants upon gonorrhœa, is chordee, brought on by nocturnal erections, the occurrence of which has been completely prevented by the administration of Lupulin at bed time.

In acute gonorrhœa, it not only prevents erections and consequently chordee at night, but it also seems to exercise a very soothing effect on the inflamed urethra, and to facilitate the operation of medicines for the cure of the disease.

Relief from the troublesome pain in the perineum in chronic gonorrhœa, and during the treatment of stricture with the bougie, has been obtained by the administration of Lupulin alone.

In the treatment of chancres on the penis, the process of healing is often interfered with, and the efforts of nature and the surgeon placed somewhat at defiance by the occurrence of erections, when the patient is warm in bed, which distend the parts and lacerate the edges of a weak or imperfectly formed cicatrix. In this disease the Lupulin has been used with the desired effect.

I have also used it after the operation for phymosis, with the effect of preventing the occurrence of erections during the process of the cicatrization of the incision. Its use may doubtless be adopted with the same intention after any other operation on the penis.

The Lupulin has been administered for nocturnal seminal emissions, and although it does not claim a curative power in this distressing affection, it will prevent their occurrence so long as the patient is freely under its influence, and will give the practitioner an opportunity to prosecute any treatment which he may adopt, with an increased prospect of success, from the interruption to the habit of the disease, and from the prevention of erections when topical applications are made to the urethra. I cauterized the prostatic and membranous portions of the urethra, with Lallemand's instrument, for a gentleman labouring under this disease, and gave Lupulin to prevent erections, which often harass the patient after this simple operation, with complete success.

My own experience in the use of the remedy has been corroborated by that of other practitioners, who have given it at my suggestion. Dr. F. G. Smith administered it to a patient suffering from permatorrhœa, and prevented the recurrence of the emissions so long as the effect of the remedy was kept up. He has also given it to a gentleman under his care with chancre. Dr. Edward Hartshorne reports to me a case which establishes its efficacy beyond a doubt, in suppressing the venereal appetite. A healthy negro man confined in the Eastern Penitentiary,

practised onanism to such an extent, as to bring on an attack of insanity. The mania was relieved by active treatment, and the usual means were applied for the suppression of what seemed his ruling passion, without effect. He became conscious of his unfortunate condition, and of its cause, and confessed that he passed his time when not watched, in this self-debasing, and health-destroying amusement. He entreated the Dr. to give him something "to take his courage down." Lupulin was administered to him in two grain doses, several times in the twenty four-hours, and he now states that "it is all gone," and that he is no longer troubled with his hitherto unconquerable desire.

The dose of Lupulin is from 5 to 10 grains, to be repeated as occasion requires. The latter dose rarely requires a repetition during the night. It may be given in powder or in pill. It produces no headache, does not constipate, or give rise to nervousness or any other unpleasant consequence.

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*An improved Method of operating for Congenital Phymosis.*

By W. COLLERS, F. R. C. S., Surgeon to Steven's Hospital.  
(Dublin Journal.)

On examination, in cases of congenital phymosis, we in general find the prepuce, especially in persons after the age of puberty, very much elongated, much more than sufficient to cover the glans penis; the skin forming the outer fold of the prepuce seems loose and natural until within about a quarter of an inch from its termination, where it is reflected back to cover the glans. Here there is a contraction, sometimes to such an extent as to present an orifice scarcely larger than that of the urethra itself.

The operations proposed to remedy this defect, and allow the exposure of the glans penis, may be divided into two kinds:—1st, the entire removal of the double fold of skin or prepuce, i. e., circumcision; or 2nd, the simple incision of the prepuce in the line of the penis, over the surface of the glans.

The objections to the circumcision are:—

That the surgeon, anxious to remove sufficient integument at one incision, draws forward the skin as much as possible, hoping thus to include the folds of the prepuce within his fingers, not considering that a considerable portion of the inner fold must remain covering the glans; and then, when he amputates this portion of the integument, the outer skin recedes, sometimes half way up the penis, and a considerable portion of the inner fold remains still covering the glans. He has gen-

erally removed too much of the outer, and too little of the inner fold. Thus to complete the operation will be a tedious and painful process, but to circumcise the prepuce by any other method will be much more tedious and painful.

Another objection to complete circumcision is (as I have seen), that the wound, on healing contracts so considerably as to cause great pain in any subsequent erection; besides this, the patient is annoyed by the constant appearance of a drop of clear, ropy mucus at the orifice of the urethra, caused by the irritation of the exposed glans, extending to the urethra, and causing this increased secretion from it; and this symptom will continue long after all other inconveniences have disappeared. If we circumcise merely this narrow band of the fold of the prepuce, it in healing will contract so as to leave the patient as bad, if not in a worse condition than before the operation.

The second plan of operation is by making an incision perpendicular to the orifice, introducing a bistoury beneath and slitting up the prepuce, on some one surface of the glans, either above or below. This will leave one or two very inconvenient flaps of skin on one or both sides of the glans, and may cause curvature of the penis, in erection, from a hardened cicatrix.

The only proposal combining the advantages of the two operations, is, as far as I can recollect, the plan of M. Ricord; but this is a tedious and painful operation, and I believe, seldom performed.

I have been in the habit, for some time, of removing the deformity by a simple and very effectual operation. I seize the edge of the prepuce, at its fold forming this narrow band, in the left hand, and holding the scalpel in the right, and at right angles with the penis, I remove a circular portion of skin, about a quarter of an inch wide. The outer fold of skin, being loose, is then drawn back on the penis, leaving the glans covered by the inner and tighter fold. I then divide this layer about half way back, more or less, slitting it up exactly in the centre, by passing a sharp-pointed bistoury under it. We have now the outer fold of skin loose, with a large circular orifice; the inner, or more contracted portion, presenting also an orifice, but larger by double the perpendicular incision, which forms two angular flaps.

I then turn these flaps outwards, and by a suture attach each angle to the edge of the external skin, at about a quarter of its circumference from the frænum; a slight suture at the frænum completes the operation. I then draw all forward so as to cover the glans.

In two or three days I remove the sutures, and generally



find the wound healed, leaving a covering for the glans, differing in no respect from the natural and perfect prepuce; and in some cases it would be difficult to know that any operation had been performed, or that any had been required, on this part.

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*Camphorated Chloroform Liniment.*—(New Jersey Medical Reporter and Transactions.)

A communication from the London Lancet, published in the Eclectic department of our last number, gives a formula for preparing a mixture of Chloroform and Camphor, held in solution by the yolk of an egg; thus procuring a very elegant preparation by which a larger dose of camphor can be administered, than by any other known method. We have tried this remedy in several instances, and have found it to afford relief in an obstinate case of flatulent colic, and in several cases of Dysmenorrhœa. In the latter complaint we believe it to be a valuable remedial agent: and we refer to the fact of the powerful solvent properties of chloroform, to introduce to the notice of our readers, a liniment that has been prepared by Wm. B. Price, an enterprising druggist of this city, where olive oil is used as the vehicle of the compound of camphor and chloroform, instead of the egg, as mentioned in the communication referred to. The officinal Linimentum Camphoræ of the U. S. Dispensatory contains half an ounce of camphor to two fluid ounces of olive oil, but it has been ascertained by the gentleman referred to, that by the aid of chloroform a much larger quantity of camphor may be held in solution, thus increasing greatly the strength of the compound. As three drachms of camphor are perfectly soluble in one fluid drachm of chloroform it is clear that the strength of the officinal liniment may be greatly increased by the use of the latter solvent. The present formula gives us half an ounce of camphor to two fluid ounces of oil; by dissolving the camphor in chloroform, it may be increased in weight to one ounce and a half, and will be held in solution by the same quantity of oil, with the addition of two fluid drachms of chloroform, to give an anesthetic property to the liniment. We have used this liniment in a few cases of local pain from neuralgia and rheumatism with good effect. Our patients speak of it as a soothing and pleasant remedy;—it is worth a trial.

## PART III.

## Monthly Periscope

*Comparative advantages of Lithotomy and Lithotrity.*—M. Guersant, in one of his late clinical Lectures, on the *surgical diseases of children*, gives the following very interesting table of the comparative advantages and disadvantages of the operation of lithotomy and lithotrity:—

## ADVANTAGES.

*Lithotomy.*

1. Promptness of operation.
2. Always accomplished at one sitting.
3. Complete extraction of the calculi.
4. No fear of allowing any to remain.
5. Applicability of the operation to all ages and to all calculi.

*Lithotrity.*

1. No wound.
2. No hemorrhage.
3. Not necessary to confine the patient to bed.
4. No fear of consecutive inflammation.

According to this table we find the advantages about equal; it is not the same, however, as to the inconveniences.

## INCONVENIENCES.

1. Pain.
2. Danger of hemorrhage.
3. Wounding the rectum.
4. Also of the ejaculatory canals.
5. Fear of consecutive inflammation.
6. Difficulty of extraction in certain cases.
7. Visico-perineal fistulæ.

1. Many sittings and longer than in cutting.
2. Pain as in cutting.
3. Fruitless sittings which does not occur in cutting.
4. Pinching of the bladder.
5. Consecutive inflammation.
6. Engaging of small calculi in the membranous portion of the urethra.
7. Sometimes a consecutive operation.
8. Fear of leaving fragments in the sacs that may exist in the bladder.
9. Fistula.
10. Unfavourable conditions in which patients are left after the operation, and that at some future time it becomes necessary to cut.
11. The employ of lithotrity, impossible when the calculus is of great size or encysted.
12. Breaking of the instrument.

After comparing these circumstances, we deduce the following conclusions which tally in every respect with our experience:—  
1st. Cutting should be the method generally adopted in children.  
2d. Lithotrity should be employed only in cases where the calculus can be crushed in a single sitting.

In support of these two propositions, the following figures are cited: Of 42 individuals cut, 34 recovered, 8 died; 4 from the operation, and 4 from intercurrent diseases. Of 21 individuals in whom lithotrity had been employed, 18 boys and 3 girls, 12 recovered and 6 died; 2 from the operation, 4 from intercurrent diseases;—3 were afterwards cut.

Thus of the 42 subjects cut for stone, 4 died from the operation; and of the 21 operated on by lithotrity, 2 died from the operation.

[*Western Journ. of Med. and Surg.*

*Gastrodynia.*—If arising from acidity, of course antacids must be given, carbonate of potash first; and, this failing, carbonate of magnesia. If the symptoms indicate a sub-inflammatory congestion of the gastric mucous membrane, give neutral salts with the infusion of senna, if the patient is young and plethoric; if, however, he is past the middle age, and of gouty or rheumatic diathesis, do not give neutral salts, but give extract of rhubarb and blue pill, with or without extract of colchicum, followed by an infusion of senna and rhubarb, with tincture of cardamons. If the disorder arises from ingurgitation of bile, begin with an emetic, and then give taraxacum, to which sulphate of magnesia may be added, if the stools are pale and inefficient. If the cause is flatulence, give a mixture containing four or six drachms of sp. ammon. co. and tinct. assafoet. with six or eight ounces of inf. sennæ co. If interruption of the menses or suppressed hemorrhoids lead to the gastric pain, leeches to the anus or groins, hot pediluvia, and moderate purging, are the proper remedies. And if the gastrodynia appears to be simply neuralgic, without appreciable cause, some of the various sedatives, narcotics and tonics, mineral and vegetable, must be used, according to the temperament, age and sex of the patient. (Dr. R. Dick, p. 114.)—*Braithwaite's Retrospect.*

*Creosote a Remedy for Facial Neuralgia.*—In the Dublin Medical Press, Surgeon Kelly reports a violent case of facial neuralgia, cured by the following formula: R—Creosoti, gtt. iij; Macæ panis, q. s. ut. fit. pil. iij; dose one pill every three hours. In six hours after the pills were taken, the paroxysms ceased, which was very violent before the pills were given. A purgative draught was afterwards administered, and the patient had no return of the neuralgia.—[*New Orleans Medical Jour.*

*Diarrhœa.*—The presence or absence of bile in the stools, determines a very important point in the treatment. If the evacuations are bilious, opium is not only borne, but needed: if there is a deficiency of bile, opium will be injurious.



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*Chronic.*—In chronic diarrhœa with whitish stools and general relaxation of the system, strychnine is an admirable remedy, rendering the stools consistent, fœculent, and bilious. (Dr. J. F. Duncan, p. 117.)

Give one-twelfth of a grain of muriate of barytes, and one-fourth of a grain of muriate of morphia, made into a pill, thrice a day. (Dr. A. Walsh, p. 119.)

Almost all cases of chronic diarrhœa, except the diarrhœa of phthisis or that caused by ulceration, may be cured by persesquinitrate of iron. The ordinary dose is from fifteen to thirty drops of a solution prepared according to the formula at p. 121 of this volume, thrice a day; but in some cases, we may begin with five drops, and gradually increase the quantity. (Dr. Graves, Dr. Neligan, Mr. W. Kerr, p. 119.)—[*Ibid.*]

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*Dysentery.*—Injections containing two grains of nitrate of silver in an ounce and a half of thin mucilage, and a few drops of laudanum, are very valuable, conjoined with other treatment, in the early stages of the dysentery, before ulceration has taken place. (Mr. W. Garlike, p. 123.)

*Chronic.*—Decoction of logwood with laudanum, is the best astringent that can be given. Where there are profuse discharges without pain, enemata of sulphate of alum with laudanum, produce a very good effect. (Dr. D. Donovan, p. 124.)—[*Ibid.*]

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*Aphtha.*—After every time of feeding, take care to remove from the mouth all remains of the food, by wiping it carefully with a piece of soft rag dipped in warm water. In very mild cases this will be sufficient to effect a cure, especially if a solution of borax  $\mathfrak{z}\text{i}$ . or  $\mathfrak{z}\text{ss}$ . in  $\mathfrak{z}\text{i}$ . of water, is applied after every time the mouth is thus cleansed. If this is not sufficient, let a solution of nitrate of silver, five grains to the ounce, be applied twice a day, in addition to the use of the borax. (Dr. C. West, p. 111.)—[*Ibid.*]

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*Fissure of Anus.*—Depends on spasms of the sphincter, and is to be treated by introducing one finger after another into the rectum, until the whole hand is introduced, and drawing the closed fist back through the anus. (M. Maisonneuve, p. 195.)—[*Ibid.*]

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*Keep the mouth clean.*—The editor of the Dental Recorder says that “when the mouth is in a healthy condition, the best specifics for preserving it so are the “scrubbing brush and soap and sand.” The scrubber should be a well made French tooth brush, with bristles of a medium degree of coarseness, set in a firm, compact manner, and having all the corners of the ivory carefully rounded, so that the membrane of the mouth may not be wounded by a slip while using. The soap should be of the best quality of Castile, and well seasoned, and it should be combined with sand of different kinds, according to the condition of the teeth. If the enamel be rough on its surface, requiring polishing, finely pulverized pumice should be used, mixed with orris,

or any pleasant vegetable powder which will serve to dilute it and prevent it from cutting the enamel too much; while if the surface of the teeth has that beautiful natural polish which is often seen, or if it has acquired an artificial one, the mildest kind of polishing powder will be all that is required, such as chalk, and, with many persons, the brush and water, thoroughly used, will be all that is necessary to preserve the teeth from the slightest stain.

If all would thoroughly cleanse their mouths in this way, at least once in twenty-four hours, there would be but little use for tooth washes, and perfect cleanliness would be found to impart a more delightful freshness to the breath than all the perfumes of the East."

[*Ohio Med. and Surg. Journal.*]

*Fat Children.*—In Wayne Co., Indiana, are a couple of children who are quite a curiosity from their size. They both belong to the same family. The elder, a boy, weighed 120 pounds at 4 years, 9 months, and the younger, a girl, 56 pounds, at one year. The West is a great country.—[*Ibid.*]

*Triumph of Vital Statistics.*—Mr. Finlaison calculated from the events of preceding years, what ought to be the number of deaths which the Registrar General would be called on to record in the first year of his operations. The result was 355.968. The observed fact was 355.956—error 12.—[*London Athenæum.*]

*Preservation of Sweet Spirits of Nitre.* By KLOUR.—When *Spiritus Ætheris Nitrosi* has become acid it is generally rectified from calcined magnesia; but this does not prevent its again becoming acid in a few weeks. Klour states that if neutral tartrate of potash be substituted for magnesia the spirits does not again acquire acidity. According to his experience *Spiritus Ætheris Nitrosi* rectified in this way can be preserved for months without giving a trace of acidity.

[*Buckner's Repertorium.*]

*A New Method of Writing upon Glass.*—M. Simonin, of Nancy, has suggested an easy method of engraving divisions, letters and unalterable characters upon glass, for the use of chemists and apothecaries. It is as follows:—Spread with a soft brush a coating of engraver's varnish upon the bottles or tubes you would use; when dry, trace your letters with a pointed instrument, so as to remove the varnish; over these places spread a moderate thick coat of soft paste, made extemporaneously with powdered fluor spar and strong sulphuric acid. After several hours of contact, wash it, and the glass will be sufficiently corroded. For the formation of indellible marks for labeling purposes, the action may be rendered more energetic by covering the paste over with a piece of lead.

I have tried the above given method with the most satisfactory result. I would recommend, however, a coating of wax instead of varnish, as tending better to preserve the glass from being acted upon, except in the parts exposed.

The action of the paste during the space of eight hours, produced well defined lines, as strongly marked as though done with a file ; five minutes time gave a very perceptible impression.—[*Amer. Journal of Pharmacy.*

*The Intention of Hiccup.*—In the convulsive movement of hiccup, the diaphragm is depressed ; the larynx is raised ; and the glottis is closed. What would be the effects of these conditions ? The depression of the diaphragm would tend to expand the cavity of the chest ; but the glottis being closed, no air can enter the lungs. The two ends of the œsophagus are, however, still open, and if the hiccup be strong enough, air will enter the œsophagus at both ends. If a person will make a prolonged voluntary effort of the conditions which occur in hiccup, he will find a portion of air sucked, as it were, into the œsophagus, from the pharynx. Now, spasmodic hiccup is a reflex movement, excited, in general, by gaseous irritation of the stomach ; under these conditions the hiccup will suck the air of the stomach into the lower extremity of the œsophagus. This, then, is the intention of hiccup—to pump off the air of the stomach. The movement of the hiccup sucks the gaseous contents of the stomach into the lower extremity of the œsophagus, and an inverted action of the œsophagus, propels them upwards and discharges them at the pharynx.—[*Prov. Med. and Surg. Journ.*

*Tolerance of Opium.*—Mr. Godfrey, (of Bristol,) narrated two cases at present under his care, illustrative of the large doses of opium that can be borne without narcotism. In one, the lady swallowed frequently forty grains of opium within the day ; in the other, the patient, who for years had been subject to violent neurotic attacks, often took within the day sixty grains of the acetate of morphia.

Mr. Norman, some years ago, had a gentleman who suffered from senile gangrene, from which he recovered ; he then took opium, and subsequently took a wineglassful of laudanum regularly twice a-day. He obtained from Apothecaries Hall twenty drachms of opium, which, after cutting up, he macerated for above a month in a quart of brandy ; of this tincture he took two glasses a-day, without any further sensible effect than to exhilarate his spirits. While taking this, on two occasions constipation came on, with imminent risk to his life. After the second attack, he at once left off all his opium, and lived four or five years afterwards, dying eventually of disease of the brain.

Dr. Blackmore had known four hundred grains taken in one day, without narcotism being produced.—[*Ibid.*

*Vegetable Remedies.*—Remarks of Mr. Sanborn, in the N. H. Legislature, upon the Bill incorporating the New Hampshire Medical and Botanic Society.—(*Boston Med. & Surg. Jour.*

At the present day there is a great fondness for vegetable medicines. Any thing having the prefix of vegetable to it, goes down with the multitudes. Notwithstanding every body knows that no



new vegetable has been discovered, and no new properties have been detected in vegetables before known; still they confide in the assertions of cheats and knaves that the commonest herbs may be made sovereign remedies for "all the ills that flesh is heir to." It is equally well known that a majority of all the medicines in the pharmacopœia of the regular faculty, are of vegetable origin; and, that the most deadly poisons, such as destroy life almost at a blow, like a thunderbolt, are from the vegetable kingdom; still we are told that all vegetable remedies are safe, while mercury is the great bugbear of the many. But it has been proved, in courts of justice, where quacks have been arraigned for manslaughter, that pills professing to be purely vegetable have produced *salivation* in the patient. There are, perhaps, a score of infallible remedies, for consumption; and, there can scarcely be a doubt that the only ingredient in them all, which serves to lay the irritation of a chronic cough, is *opium*! This for a time quiets the consumptive patient, and deceives him with the hope of recovery; but by frequent use of it, the strength is exhausted, and the system sinks under the repeated assaults of empiricism.

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*Remuneration of Medical Men in England, for attendance on the poor.*—The following is a summary of orders, visits, and medicines supplied to patients in the Halifax district of 990 acres, with a population of 19,881. Visits 541, mixtures dispensed 1029, pills 3157, powders 663, lotions 36, liniments 45, boxes of ointment 36, plasters 79; remuneration for this duty and supplying the above, *two shillings* per case, or £20!—[*Lancet*.]

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*Another Death from Chloroform.*—The Glasgow Herald states that recently a young gentleman returned from Australia to visit his relatives in the neighborhood of Govan, but before leaving the colony he met with a slight accident in the foot, which being, perhaps, neglected during the passage home, caused the great toe-nail to grow into the flesh. To remove the pain and inconvenience, the gentleman resolved to submit to an operation, which a respectable surgeon in Govan was employed to perform on Tuesday last. Preparatory to doing so, the surgeon resolved to make use of chloroform; but the patient, after inhaling the gas, almost instantly expired. An investigation of the affair is in progress.—*Lond. Med. Gaz.*

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*Test for Chloroform.*—In order to test the purity of chloroform, Dr. Letheby recommends that it should be washed with three or four times its bulk of water, the water being carefully decanted after each operation; four or five times its bulk of quicklime are then introduced into a retort, and carefully distilled in a water or steam-bath. The chloroform thus obtained will be fine, and should exhibit the following properties: 1st, it should be perfectly free from opacity; 2d, its specific gravity should be near 1.496; 3d, it should neither redden nor bleach litmus paper; 4th, it should not become opaque when dropped

into water; 5th, it should not be whitened with solution of nitrate of silver; 6th, it should not coagulate white of egg. The last two are regarded as important and easy tests.—[*London Lancet*.]

*Test of the purity of Cod-Liver Oil.*—Mr. Hockin mixes, on a porcelain slab, four parts of cod-liver oil and one of strong sulphuric acid; when, if it be genuine, a rich violet hue is produced, which in a few moments passes gradually into a dirty-brown color. This remarkable characteristic, he observes, is not possessed by any other oil, either animal or vegetable.

We have already alluded to the effects of this remedy in lupus. (See p. 77.) We may state that we have continued to exhibit it in phthisis, with results quite unattainable with any other medicine.—[*Ib*.]

*A case in which a glass Pessary broke within the body.*—On enquiry, I found that the pessary had broken, that while standing at the window, doing nothing; she heard a noise, and that any effort since had caused pain. On examination I found it broken indeed, into a great number of pieces; parts of the periphery were *in situ*, and all the parts were at the upper part of the vagina. I found I had an unenviable task before me—the extraction of these sharp angular and pointed pieces of glass from the vagina. I had some doubt as to the feasibility of the operation, and some apprehension for the result. After two hours and a half of most diligent and most careful manipulations, I succeeded in extracting every vestige of the glass. The number of pieces extracted were fifty, of all shapes and angles,—*Boston Med. & Surg. Journal*.

## MEDICAL INTELLIGENCE.

### *An Indigenous Deobstruent and Alterative Compound.*

[We give place, with much pleasure, to the following letter—re-marking that our opposition to the introduction of new remedies, as stated, had reference to remedies of *doubtful* character. The agents of this new compound are certainly not of this class.

We also state that our friend Dr. Mayes, says, a practitioner of his neighborhood has used this medicine in a case of *cachexia Africana*. The morbid appetite for dirt-eating soon disappeared, and the patient enjoyed a state of health, which he had never before experienced.]

BRADLEYVILLE, Sumter Dist., So. Ca. }  
April 28th, 1849. }

*Dr. Paul F. Eve:*

Dear Sir—Although in the December No. of the Journal, for 1847, you distinctly announced your opposition to the introduction of new articles into the materia medica, being more desirous, as you say, to

investigate more fully the properties of those now admitted and acknowledged; yet, it is hoped, that this opposition does not reach so far as to prevent your giving a trial to those new articles, which may be brought to your notice by your friends.

I am one of those who feel a deep interest in the investigation of our Indigenous Medical Botany; not only to determine the number and names of our medical plants, but to ascertain the best modes of preparation for medical purposes; by which their properties may be secured most fully, and the practitioner, consequently, not liable either to underrate or overvalue them as remedial agents. To this latter point, my attention has been strongly directed for some time, and I may occasionally bring to your notice the results of my observations.

My present purpose is to bring to the notice of the Profession a compound which I believe to possess deobstruent and alterative properties in a high degree. It has succeeded so well in my hands, and also in the hands of a neighboring practitioner, as a valuable adjuvant to Quinine, Iodine, Mercury, or the alkalies, in the treatment of chronic diseases, that I am induced to believe it much superior to Sarsaparilla; and, as it is composed of the roots of indigenous plants, it certainly possesses some claim to a trial.

The roots used in its preparation are those of the *Stylingia Sylvatica* (Queen's Delight), the *Pterocanon Pycnostachyum* (Black Root), and the bark of the root of the *Laurus Sassafras*.

As the Black Root is not recognized by any of the works on the materia medica as a medical plant, it will be necessary to give it a separate notice. In Elliott's Sketch of the Botany of South Carolina and Georgia, page 324, vol. 2, the plant is very fully and accurately described under the name above given, with references to Michaux, Pursh and Nuttall under the name *Conyza Pycnostachya*, and to Walter as the *Guaphalium Undulatum*. In a medical note, he observes: "The root under the popular denomination of Black Root, is much used in some parts of the country as an alterative and as a cleanser of old ulcers." Upon inquiry among the midwives and other old women skilled in herbs and roots, I ascertained that the plant in question was very highly esteemed as a remedy in menstrual irregularities and other diseases brought on by exposure to the influence of cold. Their mode of using it is to pour boiling water upon the bruised roots, and cover the vessel closely until cool enough for use. The dose is about two fluid ounces every two or three hours in recent cases, until it acts upon the bowels or skin; then not so often. Their intention was always to produce free sweating, it being seldom given as a cathartic. In chronic cases, a tea-cupful of the infusion was taken two or three times a day. My own experience with the root confirmed, to some extent, their opinion of its efficacy as an alterative, and as the root was abundant, it very soon superceded Sarsaparilla altogether as an adjuvant to the more powerful minerals in the treatment of most diseases of long standing.

Its combination with *Stylingia* and *Sassafras* was the next mode of administration, and the only preparation of it which I now prescribe;



the effect of the combination being such as to leave me but little to desire.

As you might probably induce one of your intelligent apothecaries to prepare a small quantity for experiment, I will give you my mode of preparation.

Fresh roots of *Stylingia Sylvatica*, . . . 6 pounds.

“ “ “ *Pterocaulon Pycnostachyum*, 6 pounds.

“ Bark of Root of *Laurus Sassafra*s, 1 pound.

N. B.—If dried roots are used, one half the above weights.

The roots are to be cut fine, and put into a distilling apparatus, and water, sufficient to cover them, poured on. The distillation is then commenced, and so long as the water comes over, very milky, it is to be preserved. When it comes over clear, or nearly so, it must be rejected until half the remaining quantity has been displaced; the other half to remain in the still. (The quantity of water first poured on to be noted, and the quantity rejected to be noted also.)

Pure alcohol is then to be poured on (the quantity noted) until the roots are again covered. The displacement of the alcohol is suffered to go on until there remains in the still only sufficient to replace the water which had been rejected. The process is now stopped, and the alcohol which has been displaced will be sufficiently pure for most purposes.

When cool, strain through a cloth, and to this product add the oily fluid first obtained. When well mixed, bottle and keep well corked. The quantity of extract obtained is usually 6 or 7 pints.

For administration, I prepare it as follows:—Of the extract, one ounce; syrup, three ounces. Dose, a tea-spoonful three or four times a day. The proportions of the extract and syrup, are, however, often varied to suit particular cases. It does most good when slight nausea, for a few minutes, follows its exhibition.

To this syrup, may be added Iodide of Potassium, Corrosive Sublimite, Quinine, or the alkalies to suit cases.

I will only particularize one application of it, which can hardly fail to excite attention. It has, in my hands, in combination with Quinine, proven to be the only preventative of the relapses of malarial fevers, which I have yet used; and its effects in permanently curing the disease have been so very striking that I regard it as the long sought desideratum.

To four ounces of the syrup prepared as above, add forty grains or a drachm of Sulphate of Quinine. Of this, a tea-spoonful three times a day for a fortnight. In old cases, I usually direct 5 grs. Blue Mass every third night; but in recent cases, this addition is not often necessary.

As a test, I have tried the quinine without the syrup, but the results were always unsatisfactory. Its usual effect, when given after an attack of malarial fever, is to produce bilious evacuations from the bowels, restrains the usual morbid appetite, and clears the skin of the jaundiced hue.

Yours, with the greatest respect,

J. A. MAYES, M. D.

*Right of Physicians to charge as Witnesses in Courts.*

## EDITORS OF THE MEDICAL EXAMINER :

Will you spare me a corner in your valuable Journal, to make known the final settlement, recently, of a case involving the legal rights of physicians to charge for professional services rendered the Commonwealth as witnesses in criminal cases? The establishment of this claim is a matter of interest and importance to the profession. About nine years since, Dr. J. M. Wallace and myself examined, at the instance of the Coroner, the body of a child who had died, as was alleged, from the effects of poison administered by a servant in the family. The chemical analysis of the contents of the *primæ viæ* was conducted at the expense of much time, labour, and material, by Dr. R. E. Rogers, then living in Philadelphia, and upon the trial we were all examined as medical witnesses, to prove the existence of the poison. Proper bills for the service, exclusive of ordinary witness-money, were rendered at the time to the prosecuting officer of the Court, and by him endorsed to the County Commissioners for settlement. Payment, however, was refused, not from any indisposition, it was said, to compensate us for the services, but simply from a supposed want of proper legal authority to do so. The claim, consequently, was pushed no further until a late decision of the Supreme Court, in a similar case, had settled the point, that professional service rendered at the instance of a proper legal officer, was entitled to special compensation by the County. In conformity with this decision, an appropriation was lately made for the settlement of our bills.

Hitherto, medical men have been subjected to much labour and vexation in medico-legal cases, without receiving any pecuniary compensation, the legal tribunals, like the public generally, expecting that physicians would of course always be willing in such cases to render their professional services gratuitously.

For the future, however, it should be understood that the law *must* pay when it needs a medical opinion in order to promote the ends of justice, and every one will see at once the indispensable necessity of such testimony in trials for murder charged to have been committed by means of poison. It is high time, we conceive, that the profession had taken a firm stand in defence of its just claims to remuneration, not only by courts of justice, but in other quarters also, where its charities are so liberally appealed to, more especially, too, as its members are liable to be mulcted in heavy damages upon charges of neglect merely; and we trust, therefore, that a *reform* in this, as well as in other matters, will not be definitely postponed.

Yours, &amp;c.,

FRANCIS WEST.

.Philada., April 6, 1849.

[We endorse the above with all our hearts, more especially as we too have been sufferers in circumstances nearly similar. It is indeed high time that the medical profession were looking after their own interests in these matters, and in every instance where professional opinions and valuable time are demanded for the purpose of justice, that they should insist upon proper remuneration for their services. Medical witnesses are not only called upon to render time and learning to further the ends of justice, but are obliged often to submit to the impertinent badgering and cross-examinations of counsel, very frequently more for their own amusement and the display of their little smattering of medical knowledge, than for any positive advantage that may accrue to the case under trial. We hope, therefore, now that the precedent is established, that no medical witness will fail to claim and sue for proper remuneration for services rendered. —Eds.]

We too have suffered—indeed, who of the profession has not been grossly imposed upon on this subject?—EDT, S. M. & S. J.

## THE AMERICAN MEDICAL ASSOCIATION.

BOSTON, Tuesday, May 1, 1849.

THE AMERICAN MEDICAL ASSOCIATION met this morning at the Lowell Institute, at 11 o'clock.

Dr. Warren, in behalf of the Massachusetts Medical Society, briefly addressed the delegates.

Dr. A. H. Stephens, of New York, President of the Association, then delivered an address to the members.

A list of delegates present, was then read by the Secretary. They numbered about 250.

A committee was then appointed, consisting of one member from each State, to nominate officers for the ensuing year.

## AFTERNOON SESSION.

The Association met at 3½ o'clock.

The Nominating Committee appointed in the morning, reported the names of the following gentlemen as officers of the Association for the ensuing year:

For President—Dr. John C. Warren, of Massachusetts.

For Vice-Presidents—Dr. J. P. Harrison, of Ohio; Dr. H. H. Maguire, of Va.; Dr. A. Flint, of N. Y.; Dr. R. S. Stewart, of Md.

For Secretaries—Dr. A. Stille, of Pa.; Dr. H. I. Bowditch, of Mass.

For Treasurer—Dr. Isaac Hays, of Pa.

These gentlemen were then unanimously elected to the respective offices above named.

A Committee was appointed to wait on the President elect and inform him of his election.

They soon after returned accompanied by Dr. Warren, who took the chair, after returning thanks for the honor conferred upon him, and addressing a few sensible and pertinent remarks to the delegates.

The reading of the reports of the Standing Committees was then commenced.

The first report read was from the Committee on Practical Medicine, of which Dr. Condie, of Pa., is Chairman. The reading of this report occupied all the afternoon, and was not finished when the hour for adjournment arrived. It was then voted to suspend the further reading of the report, and refer it to the Committee on Publication.

WEDNESDAY, May 2d.

## MORNING SESSION.

The Association met at 10, A. M., pursuant to adjournment—Dr. John C. Warren, of Boston, in the chair. The first business of the session was the reading of the minutes of the Association.

Dr. Bowditch, Chairman of the Committee, reported a list of delegates to the Association, from which it appeared that upwards of *four hundred* members are now present in the city, representing twenty-two States.

On motion, Dr. J. P. Jewett, of Lowell, was elected a permanent member of the Association by a unanimous vote. This motion involved a brief discussion as to the true interpretation of the article in the constitution which refers to permanent membership.

Reports from Standing Committees were called for. A motion was made that the reading of reports, in full, be dispensed with, and that the Chairman of a Committee be permitted to read such portions as he deemed to be more immediately interesting to the Convention. Upon this motion considerable discussion arose. It was contended on the one hand that it was disrespectful to a committee, who had carefully elaborated papers in behalf of the Convention, not to hear them; also, that, referring reports to the Committee on Publication, the Convention gave their sanction to documents, doctrines, and principles which they might not be willing, on revising their opinion, to approbate. On the other hand, it was contended that the objects for which the Convention assembled, would be entirely lost, by reading in full, every report that the committees had prepared; that even one or two lengthy reports would consume all the time of



the sessions; that it was not necessarily disrespectful to a committee to dispense with the reading of a report, because, such a course is in accordance with the practice of parliamentary bodies; that the association did not necessarily become responsible for the doctrines of a report, but that, though they appeared in the volumes of the transactions of the society, yet they stood there as reports only, and the committees alone were responsible for them. The motion was finally withdrawn, when

Dr. Nathan R. Smith, of Maryland, Chairman of the Committee on Surgery, read a lengthy and elaborate report on that subject. A large portion of the report was devoted to a consideration of the great improvements in Surgery which the discovery and introduction of anæsthetic agents had enabled them to adopt. In reference to chloroform, the report says it is the most powerful agent of the kind known, and that care should be taken in administering it to the patient. It has been administered to millions of subjects, and we have but fifteen cases of authenticated deaths supervening from its use. Alarm, therefore, on the subject is needless. Much more cause is there for alarm, much more reason to apprehend a fatal termination in taking an ordinary rail-road journey, than in inhaling chloroform, at the hands of a judicious and careful practitioner.

It is inadmissible, the report says, to proceed with a surgical operation in dangerous cases, without the use of chloroform, because safety and immunity from pain are secured. It should not be used where there is a disease of the heart; and in inhalation care should be taken that atmospheric air be mixed with the chloroform. Inhalation should stop the moment that insensibility is attained. Prof. Simpson has published his opinion that one hundred lives have been preserved by the use of chloroform where one has been lost by it. He further says, that the mortality where chloroform is used, is much less than in similar cases where it is dispensed with.

In careful hands chloroform is an invaluable agent. The author of the report has administered it *thirty-four* times to one patient, a young woman, to the extent of complete insensibility, without any unpleasant results. Prof. Mott, of New York, has performed operations which he would not have attempted without the aid of chloroform. Other important matters were introduced, which we forbear alluding to. The reading occupied one hour, and was received with the most lively tokens of approbation. It was referred to the Committee on Publication.

Dr. Chandler R. Gilman, of the College of Physicians and Surgeons of New York, read a report from the Committee on Obstetrics. This report, like that on Surgery, is largely filled with remarks on the wonderful advantages which Obstetric practice has gained through the introduction of anæsthetical agents; and it is very cordial in its notice of Dr. Channing, who, the report says—"has made a most invaluable contribution to the literature of Obstetrics in the publication of his work, *"Etherization in Child Birth."* Etherization has now been used in thousands of cases, and in no one instance has the slightest injury resulted to the mother. These results may well be considered wonderful, but particularly so in cases of instrumental labor.

In order to present the question of anæsthesia in child-birth before the Association in entire fairness, the Committee have incorporated into their report the principal objections which those who oppose the use of such agents have urged against them. They, however, give it as their deliberate opinion that the chances of a patient's recovery is greatly increased by etherization, and they say that anæsthetics may not only be given in all cases of labor, but, they say, they may not rightfully be withheld. The report was accepted and referred to the Committee on Publications.

At half past 1 o'clock, the Association adjourned, to meet at 3½, P. M.

#### AFTERNOON SESSION.

Meeting called to order by the President, Dr. John C. Warren. The first business in order was the report of the Committee on Medical Literature, which was read by Dr. John P. Harrison, of the Medico-Chirurgical Society of Cincinnati. The gentleman remarked, in the outset, that he should probably claim the attention of the Association one hour. The field allotted to the committee, he remarked, was "wide and fertile, but they had endeavored to explore the field

with the care and patience which its importance demands." In considering the subject, the Committee had regarded the division which the Association had marked out for them, to wit:

*First*—The general character of medical periodical literature in the United States.

*Second*—A consideration of the most important and prominent articles that are thus brought to our notice.

*Third*—Original or native American medical publications.

*Fourth*—Medical compilations and compends of American writers.

*Fifth*—American reprints of Foreign periodical medical works.

*Sixth*—All such measures as may be deemed advisable for encouraging and maintaining a medical literature of our own.

The report stated that there are twenty original or native medical publications, and four foreign periodicals. Of these, five are quarterlies; six are published bi-monthly, six monthly, one three times a year—the transactions of the Philadelphia Society; and one weekly, the Boston Medical and Surgical Journal.

The report was very ably drawn up, and presented in a clear and impartial manner, the present condition of medical literature in the United States. It appears that many important contributions had been made to this department of medicine, and that the most eminent practitioners in the country have exercised their talents in enriching the pages of medical periodicals. And woman, too, has contributed the riches of her mind and cultivation to enlarging the boundaries of medical knowledge.—"ELIZABETH BLACKWELL, M. D., a graduate of Geneva College, Ohio, does high credit to her *alma mater* in her inaugural thesis on Ship Fever."

The report very feelingly alluded to the medical biography of the past year. The biographies of D. O. Partridge and Dr. Enoch Hale are briefly, but beautifully sketched in the pages of the Boston Medical and Surgical Journal. Other eminent physicians who have died within the last year were appropriately mentioned.

On the subject of *Empiricism*, the report was very strong and determined. It was regarded as a giant evil, and called upon the eminent in the profession to come forward boldly to the work of ridding the public from the deplorable woes arising from their use. "We are told, that truth is great and must prevail, but truth should not be deserted by her friends, and they ought not to look on calmly, and see her trodden under foot by her enemies."

The largest medical library in the country is that of the Philadelphia hospital. It was commenced in 1762, by the donation of a book from a Mr. Fothergill, of London, who shortly afterwards made another donation of books, six cases of anatomical specimens, and a skeleton and fœtus. The library now contains upwards of *ten thousand volumes*. There are other libraries in Universities and Colleges, containing some, seven thousand, three thousand, and two thousand volumes. The catalogue of medical works in the library of Harvard College numbers one thousand seven hundred and sixty-nine volumes; that of the medical department of Harvard University, in Boston, twelve hundred volumes. The libraries of some of the most eminent Boston physicians contain upwards of five thousand volumes. The report was very lengthy, occupying in its reading one hour and forty-five minutes. It was accepted and referred to the Committee of Publication.

On motion of the Chairman of the Committee, it was *Resolved*, That a Committee of three be appointed by the President of the Association to report upon the recommendations contained in the document just read. The following gentlemen were appointed on this committee: Dr. Harrison, of Ohio; Prof. Horner, of Philadelphia, and Dr. Hays, of Philadelphia.

On motion of Dr. Wood, it was

*Resolved*, That the subject of an international copy-right law be referred to the Committee just raised, with instructions to report to the Association.

Dr. Wood, in urging his motion, remarked that it was essential to the medical literature of the country, that an international copy-right law be established. He claimed it for our writers, who now receive no encouragement. They must produce a better book, a great deal better book than the English writer can produce, or they cannot find a bookseller who will pay them for their work. He



claimed it too on the ground of justice to English writers, who were despoiled of the labor of their heads and hands by the cupidity of our booksellers.

Dr. F. Campbell Stewart, of New York, chairman of the committee on medical education, being absent the report was read by Dr. M. L. Taft, of the New York Academy of Medicine. This report, like others that preceded it, was very lengthy; and, though the reader omitted large portions of it, he occupied upwards of one hour. Like the others, too, it was elaborately drawn up and indicated much learning and labor on the part of its author. The report concluded with a long series of resolutions, and recommended a committee of seven to take the matters contemplated in the resolutions under consideration.

Dr. John Ware, from the Medical department of Harvard College, presented a paper, as part of the report of the Committee on Education, from a Committee of the Faculty who were appointed to take into consideration some of the recommendations of the Medical Association with regard to Medical lectures, particularly in reference to extending courses of lecturers beyond the established period of four months. The purport of the paper was that the Faculty were constrained to differ from the views of the Association with regard to the prime importance of lectures, and also that in their view no profitable object could be gained by extending the term of lectures beyond a period of four months. Lectures are a subordinate and subsidiary part of a medical education. The great object in view from them is to learn the student how to study for himself. The paper did not undervalue the importance of medical lectures—far from it. Information was communicated through these sources which would not be acquired any other way, but it was desirable that they should take their proper place in the education of students. It regarded the establishment of private Medical Schools in our cities as of very great importance.

The report was accepted and its further consideration made the order of the day for half-past three o'clock, P. M.

The nominating committee made further reports as follows. For committee on Forensic Medicine, Dr. Stephens, of N. Y., chairman Drs. Bell, Earle, Rockwell, Robert Watts, Bond and Knight. On Indigenous Botany and Materia Medica, Dr. Ives of Ct., chairman, and Drs. Corbin, Frost, Davis, Lenoir, Cochrane and Hanson. Committee on Hygiene, Dr. Smith, of N. Y., chairman, Drs. Gardner, Jarvis, Cook of Va., Holmes, Emerson, Symonds and Ives.

The Nominating Committee, reported that CINCINNATI be the appointed City for the next annual meeting of the Association.

This report was unanimously adopted, and the following named gentlemen were constituted a Committee of Arrangements: Drs. Drake, Dodge, Judkins, Wood, Riley, Lawson, Richards and Strader, of Cincinnati.

The following committees have been appointed, who are to report on the various subjects submitted to them at the next Annual Convocation:

*On Medical Science*—Drs. John Ware, Chairman; Jacob Bigelow, and J. B. S. Jackson, of Boston; A. B. Malcolm, Iowa; James Moultrie, S. C.; G. Emerson, Penn.; David King, R. I.

*On Practical Medicine*—Drs. J. K. Mitchell, Chairman; La Roche, and F. West, of Penn.; Jones, Lou.; R. D. Arnold, Geo.; Smith, Indiana.

*On Surgery*—Drs. R. D. Mussey, Chairman; and W. M. Auld, of Ohio; A. B. Shipman, Indiana; Usher Parsons, R. I.; L. A. Dugas, Ga.; Samuel Jackson, Boston; J. R. Wood, N. York.

*On Obstetrics*—Dr T. G. Prioleau, Chairman, S. C.; L. D. Ford, Geo.; R. Leiby, S. C.; Barlett, N. Y.; Aiken, Del.; Evans, Ill; Isaac Lincoln, Me.

*On Medical Education*—Drs. Joseph Roby, Chairman; T. A. Roberts, and R. S. Stewart, of Maryland; R. W. Silvester Va.; F. A. Ramsey, Tenn.; G. Sumner, Ct.; W. H. Rockwell, Vermont.

*On Medical Literature*—Drs. Alf. Stille, Chairman; F. Y. Smith, and T. H. Yardley, of Penn.; P. C. Gaillard, S. C.; A. T. Morris, Ala.; Fithian, N. J.; Johnson, Me.

*On Publication*—Drs. Isaac Hays, Chairman; and A. Stille, of Penn.; H. J. Bowditch, Boston.; D. F. Condie, Penn.; B. F. Barker, Ct.; Isaac Wood, N. Y.; Pittman, N. C.

*On Forensic Medicine*—Drs. A. H. Stevens, New-York, Chairman; L. V. Bell, Mass., W. H. Rockwell, Vermont; Robert Watts, New-York; R. S. Steuart, Maryland; J. Knight, Conn.; Pliny Earle, New York.



*On Botany and Materia Medica*—Drs. Eli Ives, Conn., Chairman; G. L. Cobrin, Va.; H. R. Frost, So. Ca.; W. H. Davis, Md.; N. S. Davis, C. B. Coventry, N. Y.; J. P. Harrison, Ohio.

*On Hygeia*—Drs. J. M. Smith, N. Y., Chairman; Yartner, N. Y.; E. Jarvis, Dorchester, Mass.; A. T. M. Cook, Va.; Holmes, Mo.; G. Emerson, Penn.; Simonds, Lou.

METEOROLOGICAL OBSERVATIONS, for April, 1849, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 152 feet.

APRIL	Sun Rise.		2, P. M.		WIND.	REMARKS.
	Ther.	Bar.	Ther.	Bar.		
1	54	29 76-100	74	29 76-100	N. W.	Fair—blow.
2	49	" 95-100	70	30	E.	Fair—breeze.
3	41	30	59	30	S. E.	Fair, do.
4	53	29 90-100	66	29 80-100	S.	Showery.
5	61	" 77-100	79	" 81-100	W.	Fair—breeze.
6	54	" 97-100	86	30	S. E.	Fair.
7	66	30 7-100	82	" 9-100	S. E.	Cloudy.
8	61	" 9-100	88	29 97-100	S. W.	Fair morning.
9	62	29 87-100	88	" 86-100	S. W.	Fair.
10	61	" 77-100	82	" 77-100	S. W.	Cloudy—breeze.
11	56	" 83-100	80	" 89-100	N. W.	Fair.
12	57	" 97-100	78	30	E.	Fair—hazy.
13	59	30	80	29 87-100	S. W.	Fair morning. [night.
14	64	29 74-100	80	" 68-100	E.	Cloudy morning—dry gale at
15	50	" 70-100	40	" 72-100	N. E.	Gale—heavy snow storm at 12½
16	31	" 75-100	62	" 74-100	S. W.	Fair—ice and frost. [M.
17	36	" 74-100	70	" 61-100	S. W.	Hazy—blow—frosty morning.
18	58	" 44-100	66	" 51-100	N. W.	Fair—heavy gale of dust.
19	37	" 62-100	64	" 67-100	W.	Fair—blow—ice and frost.
20	38	" 70-100	66	" 77-100	W.	Fair—breeze—ice and frost.
21	47	" 93-100	68	" 98-100	S. W.	Fair—breeze.
22	42	" 97-100	76	" 96-100	S. W.	Fair do.
23	50	" 95-100	81	" 92-100	S.	Fair do.
24	57	" 90-100	82	" 84-100	S.	Cloudy.
25	62	" 84-100	76	" 84-100	S.	Cloudy—breeze.
26	61	" 89-100	76	" 90-100	S.	Cloudy—rain 1 inch 20-100.
27	64	" 89-100	82	" 88-100	N. E.	Cloudy—sprinkle.
28	62	" 84-100	88	" 73-100	N. W.	Cloudy—sprinkle.
29	62	" 70-100	83	" 66-100	N. W.	Cloudy—sprinkle.
30	66	" 86-100	82	" 86-100	S. E.	Fair afternoon.

14 Fair days. Quantity of Rain 1 inch 20-100. Wind East of N. and S. 9 days. West of do. do. 16 days.

As the absence of the author of our first article prevented its revision by him, the reader is requested to correct the following

#### ERRATA :

- Page 321, 4th line of 1st paragraph, period instead of comma after "affection."  
 " 324, 2d line from the bottom, read "and had sore throat."  
 " 325, 12th " " " read *inference*, instead of "inferences."  
 " 327, 16th " " " read *the*, instead of "their."  
 " 327, 18th " " " read *formation*, instead of "promotion."  
 " 328, 9th " " " read *I have*, instead of "Having."  
 " 330, 1st line from the top, read *have*, instead of "has."  
 " 330, 6th line from the bottom, read *more so at*, instead of "more at."  
 " 335, 11th " " " read *their efficacy*, instead of "its efficacy."

# SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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## PART FIRST.

### Original Communications.

#### ARTICLE XVIII.

*Observations on the Pathology and Treatment of the Cholera, as witnessed in the Hospitals of Paris during the recent Epidemic.* By JURIAH HARRISS, M. D., of Georgia.

Since the invasion of Paris by the epidemic of Cholera, I have been anxiously hoping that the discovery of some new lesion might indicate a more successful treatment than has heretofore been adopted, or that a successful treatment might be accidentally found among the various plans which would be tried. I have waited in vain. The physicians of the hospitals have been engaged day after day in making post-mortem examinations to find out a lesion which would explain satisfactorily the course and action of this mysterious and scourging malady, and lead to rational means of cure. Their attempts have been unsuccessful. Treatment after treatment has been adopted, until nearly every agent of the materia medica has been tried. Success has attended none of them, at least to the extent that it was desired and hoped.

I shall not give a description of the symptoms and phenomena of this disease, but will confine myself to its pathology and treatment as witnessed in the hospitals. I will say but a few words upon the causes. It does seem strange to hear physicians even complaining and lamenting that the profession does not know more of the causes of this disease. I really think that we know as much of the cause of Cholera as we do of

any other disease. I believe that a specific poison operates upon the economy and produces Cholera, just as another specific poison will produce intermittent fever. Do we know any thing more about the causes of variola and scarlatina? I think not. We only know that a certain specific cause will produce variola, and another scarlatina; but why they produce these diseases alone, and not another, we know no more than a Natural Philosopher does what gravity is or why it produces certain and invariable effects. As he recognizes gravity by its phenomena, so we recognize Cholera by its phenomena. This is all that we know of any disease.

Before entering into the pathology of Cholera, it will probably prove interesting to give a statistic of the number of cases and deaths in the hospitals. The first case which occurred in the hospitals was upon the 27th of January. A few cases continued to occur from this time to the 18th of March, only eighteen having made their appearance during this interval. From this date it increased, and continued to do so until the 19th of April: since then it has been decreasing.

I extract the following table from the "*Union Medical*," which gives the number of cases and deaths in most of the hospitals to the present time.

	NO. CASES.	DEATHS.
Hôtel Dieu, - - -	366	193
La Charité, - - -	263	152
La Pitié, - - -	252	128
La Salpêrière, - - -	835	600
Hopital St. Louis, - - -	202	107
—— Baujon, - - -	121	79
—— des Enfants, - - -	20	12
—— Necker, - - -	52	31
—— Ste. Marguerite, - - -	37	19
—— St. Antoine, - - -	48	23
—— des Cliniques, - - -	25	20
—— Bon Secours, - - -	47	25
—— du Val-de-Grâce, - - -	209	53
—— du gros-caillou, - - -	253	90

It will be seen from this table that the Salpêrière has been most dreadfully scourged by the epidemic. This hospital is situated upon the out-skirts of the city upon one of the Boulevards; it is a hospital for women whose constitutions are bro-



ken down by disease or age. The epidemic did not confine itself to the infirm women, but attacked many of the nurses and "internes" of the hospital, a portion of whom have succumbed. The Cholera has been so violent there that the hospital has been partially evacuated. Since this the number of cases has much diminished, doubtless because there were a less number exposed to the disease. A thing a little strange, is that the hospital for the infirm men, though situated in a very densely populated portion of the city, has been exempted from the malady. Patients have been daily brought from its immediate vicinity into other hospitals, and its inmates have been allowed to walk into the city during the day.

It is needless to say that the lesions attending Cholera are varying and inconstant: it is hence very difficult to account for the rapid and distinctive course of the malady. In uncomplicated cases, the brain and spinal cord preserve their natural colour and consistence; but nearly all the other organs, such as the lungs, liver, spleen and kidneys, are found frequently congested or ecchymosed. The lungs are more frequently congested than the other organs. This is the only abnormal condition of these organs that I have seen, and it was by no means constant. The most evident traces which this disease leaves upon the dead body are to be found in the alimentary canal. The stomach and intestines are found to contain more or less of the rice-water fluid, similar to that passed by vomiting and stools; they are sometimes so distended by it that, when punctured, a jet is thrown out by the elasticity of their coats. The color of the mucous coat of the intestinal canal is variable; I have seen it the whole length of the canal very pale—at other times, and more generally, it was more or less injected with blood. Generally this coat of the intestines is pale until you reach the ileum, when it becomes colored from a rose to a deep dark red. The glands of Peyer are frequently hypertrophied, sometimes pale and at others more or less red. Bruner's glands are more rarely enlarged: in the ileum (rarely above it) are frequently found small granulations; they are more frequent and numerous near and upon the ileo-cæcal valve; they but rarely extend into the cæcum. These granulations are small, semi transparent, contain a whitish fluid, and

are frequently, though not always umbilicated; they disappear when pricked with a pin—some have stated that they were constant, but they certainly are not, for I have seen many cases in which they were absent. The large intestines are generally more or less injected: these lesions are not constant, nor do they occur in any regular order. The intestines may be pale or congested, with or without hypertrophy of Peyer's glands, and with or without the granulations. I have seen two cases in which there was hypertrophy with ulceration of Peyer's glands; but the ulcerations I accounted for by the complication of typhoid fever: one had typhoid fever in the hospital before the attack of the Cholera; the other was brought into the hospital with the Cholera, so that it is impossible to say positively whether or not the patient was affected with typhoid previously. This, however, is probable.

The most interesting portion of the pathology is to be found in the fluids of the body, the recent analysis of which has demonstrated some very curious alterations. There seems to be some difference of opinion as to the composition of the fluid evacuated by stools and vomiting; this fluid gives an alkaline reaction, and contains the epithelium of the mucous membrane of the intestinal canal with a few pus globules; these matters are deposited at the bottom of a vessel when left quiet for a short time. The point of dispute is, whether there is or not albumen contained in these evacuations. There is high authority upon both sides of the question. M. Andral (and his opinion is affirmed by M. Mialhe) states that it contains no albumen whatever; they say it contains "*albuminose*," or the final production of albuminous food by digestion. M. Andral asserts that it contains no portion of the components of the blood, but is simply a sudden and abundant secretion of mucus which is altered in its character. The distinctive character between albumen and "*albuminose*," is that the former is coagulated by heat or nitric acid, and the latter is not. They could obtain no precipitate by either of these agents. MM. Lèvy and Masse-lot affirm on the contrary, that it may or may not contain albumen,—they assert that they have frequently obtained a precipitate and coagulation by nitric acid and heat; though sometimes none could be obtained. M. Mialhe says that the *albuminose*

is produced from the albumen and fibrin of the blood and living tissues. These two substances of the blood undergo a transformation analogous to that which results from the digestion of these matters in the stomach by the pepsine of the gastric juice, and the muscles undergo the same metamorphosis by a kind of interstitial absorption. This matter, instead of nourishing the patient, is thrown off from the economy: it is first formed from the blood, and secondly from the muscles. He thus accounts for the rapid emaciation of the patient. This drain upon the blood, for the albumen, fibrin, serum, &c., renders it so thick and viscid that it stagnates in the capillaries, and hence the cyanosis and coldness of the limbs. M. Masselot stated that the albumen at the commencement of an attack is wanting or but little, and augments as the disease advances. In cases where there existed but little or no albumen in the evacuations before death, there is frequently a good deal found in the fluid contained in the intestines after death. This latter fact seems a little extraordinary. This fluid contains a considerable quantity of urea. As the secretion of urine is stopped, the intestines take on the function of the kidneys to eliminate the urea from the economy.

The bladder is generally found to be congested, contracted, and contains but little urine. The urine has a specific gravity of 1.014, contains but little urea, and gives an acid reaction. This fluid also deposits albumen by nitric acid or heat. This fact was discovered and reported to the Académie de Médecine by M. Lèvy of the Val-de-grâce. M. Rostan had also proved its existence. I have seen the latter test its presence frequently since. So abundant is the albumen that one might easily imagine the patient to have Bright's disease. M. Rostan states that its quantity in the urine is in a direct ratio to the intensity of the disease—that it diminishes or increases in proportion as the disease diminishes or increases. He also says that it is so constant, that were he doubtful about the existence of Cholera in any case, and there was albumen in the urine, he would pronounce it unhesitatingly to be Cholera. If this be strictly true, it will be a valuable diagnostic and prognostic sign.

No new alteration has been found either in the bile or blood: the latter is deprived of its albumen, fibrin, serum and most of



its salts; owing to this drain it becomes thick, viscid, black, and loses its affinity for oxygen.

Every variety of treatment has been tried, and all have been attended with the same unsucccess—no one, has appeared much superior to the others, nor has obtained any very satisfactory results. I will mention some of the treatments which have been adopted during the epidemic. The *Stachys Anatolica* was among the first which was tried—it was given in infusion, as a drink; at the hospital of St. Louis it was administered to several patients with success. M. Cruveilhier, of La Charité, and M. Barth, of La Salpêtrière administered it, but no beneficial effects were produced, and all to whom it was given died. This medication was therefore soon rejected as being unpleasant to take and ineffectual.

Chloride of Sodium has been administered with some success by M. Oulmont, an interne at La Charité: he gave it in large doses by the mouth and by the rectum. This was repeated at St. Louis with success. M. Oulmont did not follow entirely the plan recommended by Stephens, from whom he doubtless got the idea. Stephens gave this salt in combination with the Bi-carbonate of Soda and Chlorate of Potash. M. Oulmont gave the Chloride of Sodium uncombined. The success with which he first met gave grounds to hope that it would prove a valuable agent; but results from a longer trial proved that it could not be surely relied upon. In some cases it certainly acted favorably—it soon stopped the vomiting and diarrhœa, animated the heart's action and promoted the secretion of urine. He still has great confidence in this agent. It certainly seems more rational to me to administer all the salts which Stephens recommends. The only reason for adopting this treatment, as I conceive, is to supply the blood with the salts which have been drained from it through the intestinal canal. If this is so, why administer one and not the other?

The Nitrate of Silver has also been administered. M. Barth gave it in injection and succeeded in stopping the diarrhœa; the cessation was, however, but temporary; the flux soon returned with its former abundance. He has ceased its use. This agent has been more extensively given by the mouth. MM. Girouard and Greslon reported five or six cases of suc-

cess. Dose, 4 grs. to 4 or 5 ounces of water; a table-spoonful every hour. The reaction produced by this agent is not violent, and therefore not attended with much danger. The facts are not sufficiently multiplied to allow us to draw a conclusion either favorable or otherwise, of this treatment. This agent has been a long time since recommended in epidemic dysenteries, but has never obtained a great reputation for its efficacy. M. Trousseau recommends it in some dysenteries of children. Chloroform has been administered internally with some degree of success; M. Vernois reported ten cases, nearly all of whom recovered. Many others have been reported since—given in doses of 10 or 20 drops with 10 or 12 drops of Laudanum, in some convenient drink,—it is said to calm, without any doubt, the cramps and stop the vomiting. It has also been tried by inhalation—its effects were favorable, but temporary; the disease soon returned with its former violence and destroyed the life of the patients. Purgatives, emetics, and emeto-cathartics have all been recommended and tried in their turn. Galvanism has also been tried, though not to a great extent. Homœopathy has had a much fairer trial: six or eight patients were treated by this plan at the hospital of St. Louis, but one of whom recovered. M. Guillot gave six patients from his ward at Salpêtrière to a homœopathist to treat, but unfortunately for the doctrine of Hannemann, as well as for the patients, all sunk under the disease without even a temporary relief from the all-powerful medication.

Dry air-baths and the internal administration of stimulants has proven to be the best of all known treatments. This has been adopted at Val-de-grâce and Hôtel Dieu, where it will be seen from the table that the best success has been obtained. It is true, that the patients of the Val-de-grâce are soldiers, and consequently men better fed and clothed than those brought into the civil hospitals. It is doubtless owing to this circumstance that the number of cures are greater there than at the Hôtel Dieu, where the treatment has been identical. But this alone will not account for the greater success at Hôtel Dieu than at the other civil hospitals, for it is as badly situated as any hospital in Paris. I have observed a circumstance which was also observed in the last epidemic of Cholera, viz., the ap-

pearance of a great number of odd diseases. There were a great number of neuralgias and rheumatisms, particularly of the muscles, accompanied with eruptions upon the skin unlike any of the ordinary diseases of this surface—some resembled rubeola and scarlatina, but did not take frankly the ordinary characters of these diseases; they would sometimes appear upon patients who had never had Cholera, at other times they would appear upon those convalescent from this disease. In patients affected with bronchitis, pneumonia or typhoid fever, who were attacked with Cholera, the first would disappear until the latter was cured, and then reappear and run its ordinary course. The most important complication that I have seen with the Cholera was of cerebro-spinal meningitis; this disease is generally consecutive of the Cholera, for it occurred in most cases whilst the patients were in a state of convalescence. I have seen but three cases of this kind though many have occurred; these manifested all the symptoms of meningitis, and died in a state of coma. The brain, as revealed by autopsy, was congested—its whole substance infiltrated with serous fluid. This was also found in considerable quantity between its convolutions and in the ventricles, particularly the lateral:

The circumstance that the Venereal hospital here has been entirely exempt from the Cholera, and that some affirm that they have not seen a single syphilitic patient attacked with the epidemic, has led to the suggestion that probably syphilis is a specific against it. If there is any truth in this, the question would arise whether the specific against the Cholera was syphilis or mercury, which is administered in greater or less quantity in such cases?

Now that the epidemic is declining, nearly every variety of treatment seems to succeed to some extent. Though the treatments are exactly the same now as at the commencement of the Cholera, the success of each seems much greater; this I think is not owing to the efficacy of the plans adopted, but to the mild character which the epidemic has taken in its decline.

*Paris, 1st May, 1849.*



## ARTICLE XIX.

*Statistics of Diseases in Hancock County.* By E. M. PENDLETON, M. D., of Sparta, Georgia.

For the past several years I have kept a book of all the cases occurring in my practice, from which I have condensed several statistical tables, which I propose to present to the readers of the *Southern Medical and Southern Journal* in consecutive numbers, with such remarks and inferences as may present themselves to my mind. It is now an established principle, I believe, that statistical information is more valuable than almost any other in determining the great principles of Medicine, whether those principles relate to the etiology of disease or the therapeutical effects of remedies. Hence it has almost become to be an adage that one fact is worth a thousand theories.

I am particularly influenced to bring forward these tables, by the fact, that no such effort has ever been made, in my knowledge, by any private practitioner, and that the country, especially, has never been represented even by Sexton's Reports, much less by any definite tables indicating the character and mortality of diseases. I have only to regret that the smallness of my tables will not in all instances indicate the exact ratio of disease, but I hope at some future day to present a mass of information on this subject, that will at once edify and move to the production of similar results, some of my medical brethren who perhaps have better opportunities for eliciting facts of this character.

I have made such classifications of disease as appeared to my mind to be the most natural, without any reference to the nosological distinctions of authors. In the main, however, my tables correspond with the generally received opinions—where they differ essentially I will endeavor to explain so as to relieve the subject from all ambiguity.

My first table embraces 1613 cases, and is intended to indicate the susceptibilities of different organs and functions to disease at different periods of the year. The table, however, will speak for itself.

GENERAL CLASSES OF DISEASE.	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	October.	Nov.	Dec.	Total.	Per cent.
Digestive .....	19	17	22	45	43	40	50	37	68	49	21	14	425	26.3
Respiratory .....	16	30	14	24	15	8	22	9	14	31	17	24	224	13.9
Brain and Nerves...	9	7	10	4	9	8	8	10	7	6	5	6	89	5.5
Osseous .....	4	6	8	6	11	14	14	10	11	6	8	8	104	6.5
Urinary .....	0	2	3	6	5	4	2	5	2	5	1	2	37	2.3
Visual .....	3	4	3	2	2	1	1	1	2	1	0	1	21	1.3
Cutaneous .....	5	4	8	8	6	4	4	4	8	3	8	8	70	4.3
Articular .....	3	6	5	4	2	3	5	3	3	1	2	1	38	2.4
Peculiar to women..	12	11	17	18	16	23	16	28	16	20	11	17	204	12.6
Abscess .....	2	2	1	2	2	6	5	8	3	2	3	5	41	2.5
Periodic fevers .....	6	3	3	4	5	3	19	34	52	46	9	4	188	11.7
Continued fevers....	5	4	3	3	3	1	0	5	2	6	2	3	37	2.3
Injuries .....	3	12	7	8	5	7	7	6	5	8	5	9	82	5.1
All others .....	5	3	7	5	2	2	6	5	7	3	3	5	53	3.3
Aggregate .....	92	111	111	139	126	123	159	165	199	186	95	107	1613	100

All the diseases of the osseous system in the above table belong to caries of the teeth, with the exception of two cases of necrosis of the tibia. Those marked cutaneous, embrace eruptive fevers, which should have found a distinct class; but within the few past years, neither scarlatina or rubeola have occurred epidemically in this section until the present spring, which is not embraced in these tables. I therefore concluded to embrace all cutaneous affections under one general designation. Under the term Abscess, I embrace furunculus, ulcers, and abscess proper. Parturition is classed with diseases peculiar to women. Periodic fevers include the remittent, intermittent and congestive; continued fevers, the simple inflammatory, common continued and typhoid.

The following facts are inferable from the above table:—That January is the healthiest month in the year, and November the next; that September and October are the sickliest. That there are three climaxes of disease during the year—the greatest in September, the next in April, and the least in December. Thus, from June to September there is a rapid increase of disease, and from September to November a rapid declension. From January to April there is a gradual increase, and from April to June a gradual decrease. And so there is an increase in December over November, and a decrease in January again, forming the smaller climax in December. The increase of disease in the autumnal months is accounted for on

the principle of malaria, formed from heat, moisture and vegetable putrefaction. Why April should be so much ahead of February and March is not so clear. By reference to the table, however, we find that the increase depends mainly on diseases of the digestive system; hence, we infer that April is a sicklier month than the others on account of the introduction of unripe fruits and early vegetables, which have a relaxing effect upon the digestive organs, and produce cholera morbus and gastric fevers, especially among children. And we suppose that December, being the first month of winter, is productive of more diseases of the respiratory system (as the table indicates) on the principle of alternation of temperature, from the mild bracing weather of November to the cold chilling winds of winter.

We further learn from the above table, that about one-fourth of all our diseases effect the digestive organs, one-eighth the respiratory, and nearly another eighth are peculiar to women. Periodic fevers come in next, constituting about one-ninth. These four classes, embracing considerably more than one-half of all the diseases in our table. It is proper to remark, in reference to diseases of the teeth, that we cannot form a fair estimate of their relative proportion with the other classes owing to the fact that we have had a good portion of the time embraced, a resident dentist in our village, who has appropriated a considerable portion of this practice.

With regard to the effect of season on the particular classes of disease, it would seem that September presents the maximum of digestive cases, and December the minimum. October the maximum of the respiratory, and June the minimum. Of periodic fevers, September is in the ascendant, and February and March the lowest. Of diseases peculiar to women, August stands the highest against February, and November the lowest. The remainder of the classes do not present such marked differences, but the modifications of season will appear more manifest in my next table, which will present the cold and warm months in aggregation and opposition to each other.



## ARTICLE XX.

*Case of Extensive Gun-shot Wound—Recovery.* By GEORGE  
F. COOPER, M. D., of Perry, Houston County, Geo.

Nancy, a servant woman, æt. 40 years, received on the 30th of January of the present year a wound, by the accidental discharge of a shot-gun, charged with the largest size shot. She was sitting within twelve feet of the young man who had the gun, (a son of the owner of the slave,) and must have received the principal part of the load—her face must have been turned obliquely to the left of the young man, as the shot entered about the middle line of the face and passing out just anterior to the ear. The wound extended vertically from the internal canthus of the right eye, down through the upper lip; the soft parts included between a line drawn from immediately below the internal canthus to the tragus, and another drawn from the right angle of the mouth back to the angle of the inferior maxilla, were entirely destroyed, with the exception of the duct of *steno*, which was entire, lying loosely down upon the inferior jaw, totally divested of all its attachments, back as far as the extent of the wound. It could be easily raised to its normal position and was found to be of proper length; it of course came away with the detachment of other sloughs, and the saliva escapes now at an orifice within the oval cavity. The right naris was entirely destroyed back into the pharynx, the left opened half of its course anteriorly; the right half of the hard palate was also destroyed; the whole of the masseter muscle carried away, and the end of the temporal was cleanly detached from its point of insertion into the cornoid process. The whole body of the sup. maxilla was mutilated and the quarter portion driven away, separated from its fellow along the palatine process, including the right palate bone which was also separated from its opposing fellow, and rested upon the tongue, to the great annoyance of the patient. The orbital plate of the sup. maxilla was fractured into several pieces, causing the eye to fall much below its proper level. The injury in this region extended back to the bottom of the orbit. The alveolar processes of the left sup. maxilla, including that of the

incisors, were also fractured. The malar bone was distinct from all its angles—held in place, however, by the skin which partly covered it. The inferior maxilla was fractured just anterior to its angle. The point of the coronoid process was shot away—the body of this bone contiguous to its angle was denuded of its soft parts. .

With this array of facts, one could readily imagine what remains to be said of the constitutional condition of our patient; especially when we consider the importance and vascularity of the parts involved, and its contiguity to the brain.

The second degree of concussion was present for some hours, but consciousness slowly returned; the nervous and vascular systems still remaining in an extreme lethargic condition; pulse eight hours after the reception of the injury were about 45 beats per minute and very feeble; the extremities were cool, &c. The amount of immediate hemorrhage will explain in part her prostration—it being probably more than is usually consequent upon wounds of this character. It was however of short duration, which circumstance, perhaps, was fortunate for her. On the morning of the 31st, her improvement was scarcely perceptible; the temperature of her body was rather more equable than the evening before. She now complains of considerable headache. I removed all the spiculæ of bone; cold water dressing was applied, and ordered to be kept up; a simple roller over the vertex and under the jaws, to support the inferior maxilla, and a compress over the seat of fracture, constituted the treatment. Apprehending if irritation should be at all violent, a recurrence of hemorrhage and almost inevitable inflammation of the brain from contiguity, (for be it remembered the wound extended to the bottom of the orbit almost in contact with the base of the brain,) I at no time ordered the administration of any stimuli to accelerate reaction.

Feb. 1st. But little improvement, vital phenomena scarcely more active than the day before, which I regarded as decidedly favorable, for reasons stated above. I now entertained some fears of *secondary* hemorrhage upon the detachment of sloughs: treatment continued.

Feb. 2d. Reaction exceedingly tardy; no further unfavorable indications; same treatment continued.

Feb. 3d. Sloughs beginning to separate; suppuration in its incipiency; no recurrence of hemorrhage. Ordered, warm water dressing, and as a topical application, a dilution of *Labarraque's Solution*, for the correction of the fœtor and its slightly stimulating effect; meal-gruel, chicken-water and wine whey, allowed for nourishment; an enema ordered in the afternoon.

Feb. 4th. Wound now granulating finely; every indication of terminating happily: treatment, same.

I did not, after this, in consequence of the distance, see her regularly; but obtained intelligence from her as often as was necessary. She gradually convalesced, and had entirely recovered when I last saw her, March, 19th,—she was still emaciated, yet enabled to walk about the house—the right eye, as before stated, which had fallen below its level, had been elevated to its proper height—vision, however, was very imperfect and the pupil preternaturally dilated.

The wound, in cicatrizing, had drawn the face somewhat to the right, and the great destruction of the soft parts was repaired to a considerable extent, leaving, however, a large opening in the cheek, which permits a protrusion of the tongue at every effort to speak, rendering articulation exceedingly indistinct. The lower jaw had united, to my surprise.

I am induced to make this report, from the extent of the wound, the importance of the parts involved in it, and the power of the *vis medicatrix naturæ* in bringing about a recovery.

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ARTICLE XXI.

*Death from a Drop of Laudanum.* By. H. V. WOOTEN, M. D.,  
of Lowndesboro', Alabama.

A fine, healthy, female child, in the 5th day of its age, suffered from "griping," as its mother supposed, for which she administered to it *one drop* of laudanum. Thirty minutes afterwards, its breathing becoming slow and stertorous, I was sent for; but being absent, another physician saw it, who found it



impossible to get the child to swallow any thing. External excitants, &c., were resorted to, and three hours after the laudanum was taken I saw it. Its pupils were dilated and insensible to light, breathing very laborious, each inspiration giving a loud struggling sound, great lividity of complexion, &c. It would draw four inspirations, at the rate of sixteen per minute, and then cease to inhale about thirty seconds, when the four inspirations would again be drawn. On the fourth inspiration, a general spasm of the extremities would seize it. Its pulse during the last two inspirations were about fifty to the minute, during the spasm and suspension of breathing it would run up to about 100, become very weak, and finally cease at the wrists about six seconds before the breathing was resumed.

This condition continued without material variation until the sixth hour, when on bathing it in hot water and brandy, followed by the application of plasters of cayenne to the feet and hands, it breathed, continuously, but with great difficulty, at the rate of 30 inspirations to the minute, for 20 minutes, and its pulse during all this time ranged from 90 to 100. Its pupils contracted a little, and the lividity of complexion disappeared to a considerable extent. Hopes were now entertained that it had passed the crisis, and would recover; but spasms again seized it, from which it fell into a collapse, from which nothing that we could do would raise it. After this it would draw only three inspirations at the rate of twelve to the minute, when spasms would occur, and the suspensions of breathing become longer. At the 10th hour, it drew but two inspirations together about twelve seconds apart, and then suspend for nearly a minute. For three hours, I thought during every suspension of breathing, that it was dead, as its pulse would cease at the wrists before breathing was resumed; but it continued to labor for breath in this way until the end of the 11th hour, when it died.

The laudanum was dropped from an ounce vial, in which there was but about ten drops. It had been stopped with a piece of twisted paper, and hanging up about a year; all the inner surface of the lower part of the vial was encrusted with opium, and the remaining laudanum was heavily charged with this deposit resulting from evaporation. Every means

of keeping the child alive which our ingenuity could suggest, were diligently applied, and with apparent effect, but not success.

This case is one which rarely occurs, and I report it mainly on that account; yet it is not otherwise destitute of interest. The stomach pump was not used, because I had no tube of suitable size, and besides, I was satisfied that it was too late to resort to measures of that kind when I saw it.

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*Singular Case of Hysteria.* By GEORGE D. CULLENDER, M. D.,  
of Pelham, Tennessee.

Mrs. H——, aged 22 years, received some injury of the knee-joint; the pain was most excruciating for several hours; when it ceased, she immediately began to laugh and cry alternately. At this time I saw her, and considered it a well marked case of Hysteria. I administered an antispasmodic. As there was no pain in the joint, I ordered the limb to be kept quiet. In about twelve hours afterwards I was again sent for in haste. When I arrived I found her convulsed. I learned that the pain in the joint and the hysterical symptoms alternated; so long as the joint was painful she was free from convulsions. They now increased to a fearful degree. Opium was given without benefit. It now occurred to me, that if I could keep up the pain in the joint the convulsion might cease. I immediately applied equal quantities of spts. ammonia and spts. turpentine to the joint, with smart friction; this produced some pain, and moderated the convulsions. I then applied a blister to the joint—the convulsions ceased entirely. The blistered surface was dressed with stimulating ointment, and a mild cathartic exhibited, followed by a dose of morphia. Next day she appeared almost well; the irritation was, however, kept up for several days, when all pain ceased in the joint, &c., and she was as well as usual.

## PART II.

## Reviews and Extracts.

## BIBLIOGRAPHICAL NOTICES.

1. *Practical Pharmacy: the arrangements, apparatus, and manipulations of the Pharmaceutical Shop and Laboratory.* By FRANCIS MOHR, Ph. D., Assessor Pharmaciæ of the Royal Prussian College of Medicine, Coblenz; and THEOPHILUS REDWOOD, Professor of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain. Edited, with extensive additions, by WM. PROCTOR, Jr., Prof. of Pharm. in the Philadelphia College of Pharmacy. Illustrated by 500 engravings on wood. 8vo. Pages 576. Philadelphia: Lea & Blanchard. 1849.

It seems to us this work is calculated to do much good. It has long been a desideratum to our practitioners of medicine, especially those of them removed from the facilities of pharmaceutical manipulations of large cities, to have some work of reference in preparing their therapeutic agents. Combining, as this one does, the mode of administering the materia medica of Germany, Great Britain and our own country, it must certainly contain very superior results. The illustrations, &c., are executed in the usual excellent style of the well known publishers, to whom we are indebted for a copy.

2. *Anæsthesia, or the Employment of Chloroform and Ether in Surgery, Midwifery, &c.* By J. Y. SIMPSON, M. D., F. R. S. E., Prof. of Midwifery in the University of Edinburgh, &c. 8vo. pp. 248. Philadelphia: Lindsay & Blakiston. 1849.

We have in this volume the history of the most important and useful discovery of the present age. All wishing to be fully acquainted with the subject of which it treats, would do well to possess this book.

3. *A Practical Compendium of Midwifery; being the Course of Lectures on Midwifery, and on the Diseases of Women and Infants, delivered at St. Bartholomew's Hospital, by the late ROBERT GOOCH, M. D.* Prepared for publication by GEORGE SKINNER, Member of the Royal College of Surgeons, London. Fourth American edition. 8vo. pp. 339. Philadelphia: Edmund Barrington and George D. Haswell. 1849.

We have here, in a permanent form, the lectures of one of the most celebrated accoucheurs of Great Britain, on a most interesting and deeply important department of Medicine. Their value may be estimated by the fact that this is the fourth American edition.



4. *The Maternal Management of Children in Health and Disease.* By THOMAS BULL, M. D., Member of the Royal College of Physicians, &c. From the third London edition. 12mo. pp. 406. Philadelphia: Lindsay & Blakiston. 1849.

We find this to be an excellent manual for mothers; written, as the author states, at the request of a missionary, it will do great good in the nursery in the absence of a physician.

5. *An Introduction to Practical Chemistry, including Analysis.* By JOHN E. BOWMAN, Demonstrator of Chemistry in King's College, London. 12mo. pp. 303. Philad: Lea & Blanchard. 1849.

Works on Chemistry surely abound of late. This little one only aspires to teach the very elements of this delightful science. From a cursory examination of it, this seems to be well done.

6. *Lectures on the Venereal and other Diseases arising from sexual intercourse; delivered in the summer of 1847, at the Hôpital du Midi, Paris, by M. RICORD.* Reported and translated by VICTOR DE MERIC, M. D., &c. 12mo. pp. 296. Philadelphia: Edmund Barrington and Geo. D. Haswell. 1849.

These lectures, some of which we had the pleasure to listen to when delivered in the garden of the great Venereal Hospital in Paris, were originally published in the London Lancet. We have had frequent occasion already to enrich our pages by abstracting from this source. The name of the author is now forever identified with the subject which he has so graphically described, and to the treatment of which he is devoting his life. Born in America—a citizen of France since an adult, Ricord is not unfrequently consulted in Great Britain to determine doubtful cases of sexual diseases. No man has a more world-wide reputation for venereal affections.

7. *A Manual of Auscultation and Percussion;* by M. BARTH, Agrégé to the Faculty of Medicine of Paris, &c., and M. HENRY ROGER, Physician to the Bureau Central of the Parisian Hospital, &c., &c. Translated, with additions, by FRANCIS G. SMITH, M. D., Lecturer on Physiology in Philadelphia Association for Medical Instruction, &c. Second edition. 12mo. pp. 167. Philadelphia: Lindsay & Blackiston. 1849.

This is one of the best of the many works published on the subjects of Auscultation and Percussion. It is a second edition of what we have previously recommended to the favorable notice of our readers.

*Autoplasty applied to the treatment of Vesico-Vaginal fistulæ.*

By M. JOBERT, (De Lamballe,) Surgeon to the St. Louis Hospital. (Translated for this Journal, by HENRY ROSSIGNOL, M. D., of Augusta, Ga.)

Vesico-vaginal fistulæ were, for many ages, considered as entirely beyond the reach of surgery, and so firmly was this believed, that even within the past few years some of the most celebrated surgeons denied the curability of them, without even giving themselves the trouble of examining the living proofs to the contrary which were placed before them. This scepticism was unjust and badly founded. Since cures have been so often effected by M. Jobert, a doubt can no longer be entertained upon the subject. Already have the readers of this Journal had presented to them several cases which occurred in the Hospital St. Louis. My intention is not to add new facts, I wish only to call attention to certain peculiarities in the mode of operating. But first, let us glance at the ancient and modern authors.

J. L. Petit is the first who occupied himself with Vesico-vaginal fistulæ, and interesting as his reports are in several respects, all are silent on the subject of cure; one only contains any thing worthy of notice. This was the case of a woman, who, affected with a vesico-vaginal fistula, consulted several practitioners, among whom was the illustrious surgeon. After a minute examination, one of them proposed the suture as a curative means. J. L. Petit objected to it, on account of the difficulty of putting it in practice. His opinion prevailed, and the patient was advised to use, as a palliative means, a peculiar instrument, a kind of urinal, which J. L. Petit called *hell's hole*.

Desault did more than J. L. Petit—he pointed out a curative means—his method, the simplest of all, without being the most rational, consisted in fulfilling two principal indications; 1st, in bringing the two lips of the fistula together; 2d, in preventing the urine from passing through the abnormal opening. The first indication was fulfilled by introducing a tampon into the vagina, and the second by fixing a catheter in the bladder. Notwithstanding the respect which we have for the word of Desault, and notwithstanding the reports in the Treatise on diseases of the urinary passages by Chopart, we doubt whether a vesico-vaginal fistula was ever radically cured by this means. At least, the numerous cases which we have collected for several years, will scarcely permit us to admit it. The surgeons who came after Desault do not adopt his method; they employ cauterization either with nitrate of silver, caustic potass, or the actual cautery. The cauterization was most frequently appli-

ed to the lips of the fistula. M. Leroy d'Etiolles, wishing to change the form of the fistula and to draw the edges together, proposed to apply the caustic on the outside of the fistula, and gave to this method the name of *radial cauterization*. All these methods are insufficient in the majority of cases, for the reason that all vesico-vaginal fistulæ are accompanied by a loss of substance more or less great. They do, nevertheless, afford some amelioration, but unfortunately, it is but for a very short while, and the cause is easily explained. The caustic causes a local inflammation of the edges of the fistula or a tumefaction which may place the lips in contact; but very soon the eschar falls off, the tumefaction subsides, and the urine recommences to pass through the vagina more freely, because the falling off of the eschar has only augmented the fistulous opening. This difficulty was perfectly understood by M. Lallemand, who, after having cauterized the edges of the lips of the fistula, imagined that he could keep them in contact by means of a pair of hook-forceps. This is a complicated instrument, difficult of management, by the aid of which the posterior lip is seized with a pair of hooks and drawn in front, whilst the anterior lip is pushed backward by means of a plate placed in front of the pubis. There is besides, fastened to this instrument, a tube which remains fixed in the bladder and gives issue to the urine. M. Lallemand's method was, undoubtedly, an improvement, and in 1825, he published, in the Archives of Medicine, a memoir in which the radical cure of a lady is mentioned, by means of the hook-forceps. However, the instrument of the professor of Montpellier could not be born without pain and could only be applied to transverse fistulæ.

M. Laugier modified it so that it could be applied to all fistulæ.

Notwithstanding the success of M. Lallemand, cauterization was partially abandoned and replaced by the simple suture. M. Roux advised the twisted suture. The majority of surgeons use the interrupted suture. However, whatever kind of suture is employed, it is first necessary to trim the edges of the fistula, and though this might be done by means of caustic, practitioners generally prefer the knife.

The trimming of the edges presents great difficulties, depending upon the depth at which the parts are situated. In order to avoid this inconvenience, Sanson detached the neck of the bladder on two sides; this done, he introduced a finger into the bladder; the borders of the fistula were then easily brought to the vulva and the suture easily effected. We think this exposes the patient to an incontinence of urine. Sanson's operation was unsuccessful, and M. Vidal (of Cassis) despaired of ever



succeeding by a direct mode and suggested the indirect method or that of infibulation. Before discussing this new method, we will wait until a well authenticated case has established its use. We will only remark, that, since time immemorial, the operation of infibulation has been practised among several nations of the East, to secure the chastity of the females.

The operation of Professor Sanson was, without doubt, well performed; but an important point had escaped him—it was not only necessary to put the lips of the fistula in contact, but it was also necessary to repair the loss of substance. It was this autoplasmic principle, this therapeutic indication, which has been lately perceived by several modern surgeons, and so admirably fulfilled by M. Jobert.

The method of M. Gerdy, which consisted in dissecting away the mucous membrane on each side of the fistula and in maintaining the two lips thus formed, in contact by means of the twisted suture, only succeeded partially. M. Velpeau's was not as successful. It consisted in forming a flap on the posterior part of the vagina, sufficient for the obliteration of the fistula. This is not the case with the operation of M. Jobert, since by this method fifteen or twenty patients have already been radically cured. It is this method which we will describe in detail: we will first say a few words of an autoplasmic operation, to which the surgeon to the St. Louis Hospital gave the name of elytroplasty.

This operation, difficult in its performance, and little certain in its result, consists in taking a flap from one of the buttocks or greater labia and placing it in the fistulous opening, the edges being previously trimmed. M. Jobert was successful in several instances by this method, but it must be confessed he failed much oftener. With this he was not satisfied, but continued his researches until he discovered the autoplasmic operation which we are about to describe. Though minute in its details, it is important to know them all and to omit none. Several instruments are required, which we will describe.

1st. A univalve speculum lever, which serves to depress the posterior portion of the vagina.

2d. A lever with an elbow bend, used for elevating the urethra and anterior part of the vagina.

3d. Two levers for separating the sides of the vagina. This instrument can be replaced by the fingers of the assistants.

4th. One or more of Museux's forceps, with which to seize the neck of the uterus, as we will see hereafter. M. Jobert has lately invented a pair of forceps which grasps the neck of the uterus at the insertion of the vagina. These forceps do not tear the tissue, like those of Museux. They are so ar-

ranged as to remain fixed upon the neck of the uterus when it is taken.

5th. A pair of curved forceps, with which one of the lips of the fistula is seized and brought forward, so that the edge can be more easily trimmed.

6th. Forceps with very fine teeth, or with teeth which fit in between each other, similar to those used by M. Jobert in the operation for strabismus.

7th. A common needle-holder of M. Roux, used for holding the curved needles.

8th. A straight needle fixed in a solid handle. M. Jobert has abandoned this instrument.

9th. It is sometimes difficult to introduce the needles through the vagina. In these cases, M. Jobert uses a canula which contains a moveable needle; with this the thread is carried up to the urethra; the thread is then passed from the bladder to the vagina.

10th. Besides these instruments, it is necessary to have scissors, bistouries, female catheters, ordinary forceps, curved needles with flat thread and fixed to the needle-holder, a tampon of agaric, a gum-elastic catheter.

The operation is performed as follows:

1st. The patient is placed upon her back, the buttocks near the edge of the bed, the legs flexed upon the thighs and these upon the abdomen. The patient is held by several assistants. The univalve speculum is then introduced and the posterior part of the vagina depressed, whilst the greater and lesser lips are separated by the fingers of several assistants. The neck of the uterus is seized with a pair of forceps and brought to the vulva, and maintained there during the operation. This displacement of the neck of the uterus draws downwards and forwards the anterior part of the vagina where the fistula is situated, thus rendering it more accessible to the knife.

2d. By means of a half circular incision, the anterior portion of the vagina is detached from its connection with the neck of the uterus; the two edges of this wound separate immediately and leave a bleeding surface of about an inch in extent. The vagina slips forward spontaneously, and the lips of the fistula come in contact. The loss of substance is, by this simple incision, entirely replaced.

3d. The edges of the fistula are trimmed off by means of the forceps and scissors, or bistoury. The edges should be trimmed with great caution and in a circular direction of about a centimetre in extent. The mucous membrane alone should be removed. These two precautions are indispensable: the first, to place two bleeding surfaces in contact; the second, to avoid increasing the loss of substance.

4th. The sutures are now applied, varying in number according to the size of the fistula. M. Jobert prefers the interrupted suture. Sometimes the needle pierces both lips of the fistula at the same time, and at others, on the contrary, each lip is pierced separately. The thread should always be flat, and composed of three strings and well waxed. The sutures should not be more than a centimetre apart.

5th. The threads are drawn tolerably tight, and one end left long enough to be seized, when it becomes necessary to remove them.

6th. Sometimes, after the sutures are applied, and notwithstanding the separation of the vagina from its insertion, there still exists some degree of drawing about the fistula; this is remedied by a few superficial incisions in front or on the sides of the fistula.

7th. In order to avoid the dripping of blood, a tampon of agaric is introduced into the vagina; this is removed some days after, sometimes on the next day.

8th. A gum-elastic catheter is fixed in the bladder and the patient put to bed, lying upon her back, and the legs and thighs elevated by means of cushions. The catheter is fastened to a bandage which passes around the body. It should be watched and kept open so as to allow the urine to pass.

This important operation, devised by M. Jobert, in 1845, has already, in his hands, furnished a great number of cures.

A. Rozè, M. D.

[From *Bul. Gen. de Thérapeutique*.

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*Domestic Medicines.* By J. F SKINNER, M. D., of Brownington, Vt.—(Boston Medical & Surgical Journal.)

The careful consideration of the public is requested to the following exposition of facts, in connection with the sale of medicine as the business is now carried on throughout the country. That gross and injurious fraud and deception are constantly practised upon the community by the various nostrum venders of the day, is plainly visible on the face of their own publications, which are thrown, broad cast, into every family, containing the most inconsistent and extravagant statements and recommendations that the ingenuity of man can possibly devise. Each one claims the discovery of some new and wonder-working composition, derived from the vegetable kingdom; possessing the strange property of curing all and every kind of disease, of whatever organ, or from whatever cause excited. For illustration, by one class we



are told that all diseases arise from impurity of the blood, and that their pills are the only article in the world possessing the power of purifying that vital fluid; of course they are the only safe remedy for all possible kinds and forms of disease. A moment's reflection will satisfy any attentive mind, that the doctrine here advanced is utterly false. Instead of impurity of the blood being the cause of all diseases, it can never be the cause, but is always the consequence of disease, either functional or organic, affecting some one or more of the various organs concerned in secreting or circulating that important fluid; for while all such organs maintain perfectly healthy action, the blood can no more become impure, than a good perfect distillery, operating on the proper material, could fail to produce a good article of any of the various oils procured by distillation. The doctrine, then, which is here taught, and which forms the basis on which such pills are palmed off upon the public, is utterly and entirely false. The community are taught to believe an error in principle, which leads to error and consequently injury in practice.

By another class we are told that their plasters are rare compounds, possessing the singular property of acting as a stimulating and strengthening plaster when wanted for that purpose, and still strangely mild, soothing and all-healing, when applied to the raw and tender surface of a large burn or scald, or to the surface of the most irritable ulcer; of course they are called *all-healing*, and directed to be used in all possible cases. What person of common sense and observation can believe this? Does not the simple fact that they are sufficiently active and stimulating to render them of any value for the purpose of a stimulating and strengthening plaster, afford conclusive proof that they cannot be used with impunity in burns, scalds, wounds and irritable sores, which positively require the most mild, soothing and healing applications.

Another class tell us that all diseases arise from suppressed perspiration, and that there all-healing ointments, when applied to the surface of the body, will open the pores and thus eradicate all kinds of disease. Who can believe that a small box of almost inert ointment, applied to the surface of the body, will at once be a sovereign remedy for inflammations of the brain, lungs, bowels, and all the various forms of disease produced by all the various causes which operate on the human system?

So wide, varied and extensive is the range of quackery, that in considering its follies and impositions, one hardly knows where to begin or where to end. A few only of the multitude can be here even hinted at. Homœopathic, hydropathic, electro-magnetic, botanic, mesmeric and Indian, all come in for

a share, each claiming infallibility, and discarding every principle of philosophy and chemistry known by scientific men to have been for ages well established and incontrovertible. Look at the doctrine laid down by the founders of homœopathy. The danger to the community from this form of quackery is rather negative, than positive—the neglect to do what may be needed, rather than doing a positive injury, as any medicine administered in infinitesimal doses can neither do good nor hurt. What sane man can possibly make himself believe that the smaller the dose of any given medicine, the more powerful will be the effect—the more it is diluted, the stronger it becomes? On this principle, should a lady mix a teaspoonful of salæratum with a whole barrel of flour, instead of a small mass for a batch of biscuit, the whole would become at once a strong and concentrated alkali. Who does not know that if he takes thirty drops of laudanum, he will feel the effects of the opium? but who would expect to feel as much from taking only one drop? And still more strange would it be that any effect could be felt from one millionth part of a drop. Such is homœopathy, as far as the proportion and administration of medicine is concerned. Believe it who can?

Hydropathy is of a still more recent date? or rather the revival of an old and long since exploded system, and will probably never extensively affect the community, as the expense of attending a hydropathic infirmary is too great to be met by persons in ordinary circumstances; most persons, likewise, who are sick enough to need medicine, are too sick to go to a distance, and there are but few who relish the packing in sheets dipped in cold water, well enough to follow it long.

Since scientific physicians have discovered that there are certain cases of loss of nervous power, causing palsy, which may be essentially improved by the application of electro-magnetism, there has sprung up a new race of doctors, calling themselves electro-magnetic. We now find their signs out, and their flaming handbills posted up in almost every village, and medicine neatly bottled up, claiming to be highly charged with galvanism; so that the sick, by swallowing lightning by the spoonful, can find at once a safe and speedy cure for all their ills. The idea of administering galvanism by magnetizing medicines and sending them about the country, is so grossly absurd, that I should not have deemed it necessary even to allude to this order of quacks, had I not recently seen upon signs in several of our cities, in flaming letters of gold, "*Electro-magnetic Doctor.*" On inquiry, I learnt that they, too, had found their dupes.

The botanic class is by far the most extensive, and em-

braces almost the entire range of nostrum venders. All these do what they can to impress the public mind with the belief that all medicines are unsafe unless derived from the vegetable kingdom, and that what they please to call apothecary medicines should never be used. Now who does not know that the most powerful and suddenly fatal of all poisons are vegetable in their origin. Many more deaths occur yearly from poisoning with vegetable, than with mineral poisons. It is also well known that a large part of all the medicines used by the regular physicians is vegetable. The only hope of this class of quacks, is from keeping the fears of the credulous constantly excited in regard to apothecary medicines. Thus you will find every pill box, and every phial, carefully marked *purely vegetable*—as much as to say, *all is safe*. For my part I can see but little difference between being poisoned with arsenic, and strychnine—the former a mineral, the latter a vegetable product. The truth is, that good, safe, and valuable medicines, are derived from the mineral, vegetable and animal kingdoms. But all medicines, from whatever source derived, should be used only in such cases and for such diseases as they are found to be well adapted to cure.

Mesmerism has had its brief day of glory, and departed. It burst upon the world, like a flaming meteor, in the cities and in the country; hosts of lecturers were seen, with their high-sounding pretensions; the sick in multitudes attended; the clairvoyant was sent to explore the inner organs of the invalid, and reveal the remedy. But in a few brief years, the glowing light of mesmerism has passed away, and left its advocates and those it had deceived in utter darkness and dismay.

But the most strange of all is the unaccountable charm which the name of Indian possesses over the minds of many, even in a civilized and christian community. Does the civilized world go to the rude, uncultivated and ignorant savage to learn the arts, the sciences of law, or divinity? Would you go there to procure a man to manage your farm, your mechanic's shop, your factory, to build your rail roads, or to teach you philosophy, astronomy, anatomy, physiology or chemistry? If not, why go there for help and advice when the human system, that most delicate and complicated of machinery, is out of order? Can it be possible that a race of beings so grossly ignorant as to be excluded from participation in every other kind of business amongst civilized men, should be wise in the healing art! The fact is well known that the Indians know but little in regard to the powers or virtues of even the most simple vegetables, and but little if anything of the nature and cause of disease. Their medicine-men, as they are called,



use but little medicine of any kind. Their only resort is to charms, spells and incantations, amulets, and consecrated medicine bags. Such superstitions are their chief reliance. Yet men in our own civilized country will gravely tell us that they have been for months or years amongst the Indians, and have there learned medical science. How many kinds of Indian vegetable pills have been thrown out before the public, with flaming show bills, rendered attractive by pictures of the rude man of the forest, in Indian costume, with the recently-gathered herbs in his hand. Such pills claim to be pure Indian medicine, such as the red man of the forest uses, and most of them claim to be a safe and infallible cure for all the ills that flesh is heir to. Most surely if Indian doctors and Indian medicine venders know anything of the business they are in, they owe it to their association with civilized society, and not to the Indian race.

The foregoing are some of the facts which are plainly visible on the face of the medicine traffic, as it now stands before the public. What can be more evident, than that the man who recommends a given medicine for the cure of diseases, directly opposite in their nature and causes, is either grossly ignorant of the properties of medicines and of their effect on the human system, or else that he designs to deceive. One or the other must of necessity be true. That many of the medicines before the public are prepared by men wholly unacquainted with medical science, is abundantly evident, from the fact that many of them are persons claiming the venerable title of Rev., many are persons who palm themselves off upon the public under the assumed title of Dr., when it is well known that they have never devoted a single moment to the study of medicine in any of its numerous branches. To suppose that such persons are qualified to prepare and prescribe medicine judiciously, is to suppose that any other men in the community, of similar occupation and education, can do the same. For the past twenty-six years my time and energy have been almost exclusively devoted to the study and practice of medicine in all its various departments. For years past I have witnessed, with feelings of regret, the evils thrown upon society by the injudicious and often unnecessary use of patent medicines; the sick man often taking an article in no way adapted to his necessities, and the well one often taking it to keep himself so.

The question may be here raised, to whom does all this wrong become chargeable? The first and foremost in the wrong in this case are certainly the men who deceive by false doctrine, or by pretensions above what simple facts will warrant. The deceived, when no influence is used to prevent

them from being deceived, by presenting the truth to the mind, are certainly not to be blamed. I would here ask, has the medical profession done its duty to the public in this matter? When error and fraud have been posted up in every village in the land, and physicians have witnessed their withering influence in the many cases which have fallen under their observation, what effort have they made to correct public sentiment, and to spread out light and truth before the mind? It is true that here and there a worthy member of the profession has ably addressed his brethren, and forcibly exposed the wrong and evils of quackery, through the medical journals; and the theme of quackery has formed the thread of discourse in many of the introductory lectures delivered in our medical schools. But what effect can all this have on the mass of public mind who never attend medical lectures or read medical journals? My belief is, that truth is powerful and will prevail. Let the truth in regard to medical science be faithfully and perseveringly spread out before the public, and thrown into every family, to go side by side with the vaunting and truthless publications of those who are evidently ignorant or intend to deceive, and I am willing to risk the decision of the question to the judgment of an enlightened and virtuous community.

It ever has been the case that the public will have some form or other of domestic medicines, to which they can resort, without in every case calling a physician. Now unless physicians themselves prepare such medicines, in a good and convenient form for administration, accompanied with suitable directions, we cannot think it strange that the multitude should seize upon such as are offered, especially as they are recommended and urged upon them by almost every merchant with whom they deal. The facts are, that the influence of the press, and the influence and interest of the men of trade, are all enlisted in favor of quackery. Now the question is, shall the physicians of the country stand silently by, and see the game of deception played off, and quietly surrender the whole field to the occupancy of quackery; or shall they themselves engage in that most difficult and laborious part of professional labor, and prepare and furnish to the public good and efficient medicines, honestly and faithfully recommended, with plain directions for their proper use? This course suggests itself to my mind as the only one which at the present time can be successfully adopted to combat medical error and delusion. I hope yet to see the time when the various boasted nostrums which now crowd the shelves of all our apothecaries and stores, will give place to medicines prepared by men of science and medical experience, and directed to be used each in its

proper place and order. When this shall be done, then shall I believe that physicians have faithfully and honorably discharged to the public the high and responsible duties of their station as conservators of the public health.

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EXTRAORDINARY GUN-SHOT WOUNDS.

[Our friend, Dr. Cooper, has furnished for the original department of this No. one interesting case on this subject; we add three others, calculated to claim the attention of the reader.]

*Case of Gun-shot Wound of the Chest.* By A. M. BLANTON, M. D., of Frankfort, Kentucky.—(American Journ. of the Medical Sciences.)

Ed. Cahill, æt. about 40, a large muscular man of 180 pounds weight, private in Capt. Turpin's Company, 2d Regt. Kentucky Infantry, was wounded on the 23d February, 1847, at the battle of Buena Vista, in the left breast, under the middle point of the clavicle, by a large shot—his companions say grape-shot, as they were too far distant for musketry to take effect, and as they noticed the discharge of a Mexican cannon simultaneously with his falling.

The ball entered between the second and third ribs, cutting the inferior edge of the former and the superior of the latter, passed through the lungs, again through the ribs, ranging horizontally, and lodged, as there is every reason to believe, under the scapula.

He was borne off the field in a collapsed condition, blood and air rushing copiously from the dreadful wound, and was placed against a wall in an upright position, it being discovered that he was threatened with suffocation when his body was at all inclined horizontally.

He was carried to Saltillo the same night, and placed in the cathedral, used as a temporary hospital, where I found him on the 26th in the position above named; breathing short and difficult; unable to pronounce three words without pausing; having a constant troublesome cough with bloody expectoration; not much pain about the wound, which discharges in twenty-four hours from a pint to a quart of blood and bloody serum; air also was rushing through the orifice at each act of respiration. His skin was cool and moist; pulse 100 and weak; countenance blanched and anxious. When he was struck his left arm was elevated so that the relative position of the great pectoral muscle with the hole between the ribs was



altered when the arm was permitted to fall, and the opening into the chest was valvular. By raising the arm to a level with the clavicle, the wounds in the muscle and between the ribs were made to correspond, and presented an opening into the chest one inch in diameter. I attempted to probe the wound, but every time the instrument was inserted he would faint and compel me to desist; pieces of torn lung were forced through the opening by the efforts of coughing and by the discharges of blood.

He had been kept as quiet as possible since the injury was received, had eaten scarcely any thing, and taken no medicine save a laxative and opiate.

A large piece of lint was kept over the wound, and below were placed large cloths to receive the discharges. He was put on a mattress, one half of which was placed upright against a wall; a half cup of tea and a small piece of stale bread were allowed three times a day, and he was kept nauseated six hours in twenty-four by powders of ipecac. and calomel; and each night took  $\frac{1}{3}$  gr. of morphia to enable him to sleep.

March 1st. Has been doing very well; inclination to fever has been checked by extreme abstinence and nauseants. But little pure blood expectorated or thrown out of the wound, which is almost free of its slough, and disposed to suppurate.

4th. Can hear the air escaping through the wound at ten paces, when he coughs; discharge is sero-purulent and of offensive odour, amounting to at least a pint in twenty-four hours. Has pleurisy; which is disappearing under the use of almost complete starvation, nauseants, mercury and opiates; the last named always necessary to procure sleep. He also takes every other day a dose of castor oil. Pulse is 100 and weak; surface pale and cool. The wound externally is clean; attempted to examine it with a probe, but he fainted as before, not from pain, but from a peculiar tickling sensation, as he expressed it.

I had the arm elevated, and picked away several speculæ of bone from the ribs, and then exposing the chest to a very strong light, *saw entirely through the cavity a rib posteriorly white and denuded.* He complains of a dull, heavy and constant pain under the scapula and about the shoulder.

25th. Nothing of much interest has occurred; has had pleuritis several times, which was relieved directly by the before-mentioned remedies, and as many times after a little exertion has coughed up several mouthfuls of blood. The wound has contracted to the size of a dime; discharges about  $\bar{3}$  ij. daily and permits the escape of air, with a whistling sound. He can sleep with his body depressed to an angle of thirty degrees.

April 10th. Discharge nearly ceased; wound round and a

quarter of an inch in diameter ; air escapes when he coughs ; still restricted to a very spare diet ; for two weeks has taken no medicine, except several laxatives and opiates ; walks several hundred yards during the day.

May 1st. Has been allowed for ten days, a liberal diet ; wound closed ; a very little air escaped several days since. Still complained of pain in the shoulder and weakness of the corresponding arm ; has fattened ; can lie down ; appetite and digestion good ; goes through the city, walking several miles a day ; when he takes severe exercise, has some difficulty of breathing. Discharged from the hospital.

In June, Cahill came to the United States, a hearty, robust looking man, of one hundred and eighty pounds weight, and I had not heard any particulars about him since, until in July, when I was told he had died, and that an examination had been made on his body. Feeling a great interest in his case, a friend was requested to furnish me a description of the appearances his body presented, and in a few days sent the following letter :

*“Winchester, Ky., Aug. 16th, 1848.*

“DEAR SIR—I am sorry that I am not able to give you a more minute history of Cahill’s case.

“I saw him only once during his last illness, and only a few times since his return from Mexico.

“When he first came home he was as healthy and robust a looking man as I ever saw ; he weighed at that time (June, 1847), I have no doubt, two hundred pounds ; but Dr. Duncan, his physician told me that he had frequent attacks of hæmoptysis ; and that he started frequently out of his sleep, saying that he felt as if he was suffocating.

“He was taken sick about three weeks before his death, with every symptom of inflammation of the stomach . . . he had a feeling of weakness, as he expressed it, in his breast.

“He has been living since his return at a tavern in the capacity of a bar-keeper, and I have been told that he was quite intemperate.

“On opening the chest it was discovered that the left lung was completely atrophied, not being larger than your hand, and of a dark livid color, and there were dense organized bands crossing the cavity in various directions, which had to be cut before the ball could be found.

“When discovered it was between the spinal column and end of the fifth rib, which was detached from the back-bone and fractured an inch from its extremity ; the fractured portion was forced out of its place so as to form a resting place between the adjoining ribs and spine for the ball. The ball

was made of a metal resembling the metal of which bells are made, and weighed four ounces and five grs.; there was with the ball a brass button, weighing nearly two drachms, both of which were almost covered with a thick membrane, and also within the same sac there was a considerable quantity of exfoliated bone; those portions of the back-bone and ribs which were near the ball were entirely denuded.

"The pericardium was entirely agglutinated to the heart, the right side of which was somewhat atrophied. The right lung had morbid attachments between the pleura pulmonalis and costalis, and also to the diaphragm; it was of a lighter color and softer than natural.

"A. M. BLANTON, M. D.,	}	Very respectfully,
Frankfort, Ky.	}	A. S. ALLEN, M. D."

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*Remarkable Case of Recovery from a Gun-Shot Wound of the Head.* By DAVID RICE, M. D.—(Boston Medical and Surgical Journal.)

Henry W. Richardson, aged 14, son of Francis Richardson, of Leverett, on the 28th of Sept. last, received a severe gun-shot wound in his head. A considerable portion of the substance of the brain was traversed by the ball, but the boy has now quite recovered. I deem the case of sufficient importance to be reported, being in my opinion a rare and interesting one. The circumstances connected with, and leading to, the accident, are as follows:—

George, an elder brother, was in the house loading a rifle, preparatory to firing at a target, at some distance through an open window. Henry was at the barn unloading a cart, and not being aware of danger, ran to the house, in a foot-path leading directly by the window from which George was about to fire his rifle. He passed by it just as the piece was discharged, the ball entering his head when within two feet of the muzzle. He fell lifeless, and was supposed to be quite dead for nearly an hour. He was carried into the house and laid upon a bed. I saw him for the first time in the evening, about four hours after the accident. I found him comatose, extremely pallid, the whole surface of his body and extremities cold and clammy, pulse hardly perceptible, and the breathing discernible only by close observation. I found that the ball had passed directly through his head, as considerable portions of brain were hanging both at the entrance and exit of the shot. I proceeded to shave the hair from around the external wounds, and to apply a *temporary* dressing, supposing that the



lad would probably die before morning; but on visiting him again at sunrise, I found, much to my surprise, that he was still alive, and that the powers of life had considerably rallied. I removed the dressings, examined the wounds more accurately and removed several comminuted fragments of bone, with shreds of membrane and brain, that hung from the injured parts in view.

He remained entirely unconscious for six days after the injury. The left side of the body was completely paralyzed up to this time. On the seventh day, the swelling of the scalp having subsided, I ascertained, on examination, that the skull was considerably fractured and broken up, at the place of exit of the ball. I made a crucial incision through the scalp at this place, dissected up the corners, and removed, with an instrument, several pieces of bone that had been partially broken off from the skull by the force of the shot, and were making some pressure upon the brain.

From this time the boy evidently began to amend. His bowels were easily moved by cathartics; whereas before, there had been but little action, and it was with difficulty that a stool could be procured. His pulse and breathing assumed a more favorable aspect, and gradually became natural. He had an evident relish for food, and began to talk. The paralyzed portion of his body, from this time, rapidly regained its normal action. In four weeks from the accident the wounds had completely healed, and the boy could walk about the house, and converse with his friends, although there was as yet but little strength in the left side of his body.

The only dressing applied, through the whole course of treatment was simple strips of linen, secured over the wound with adhesive plaster. These were changed as often as they became loosened. The head was wet freely with brandy and water, and a solution of sugar of lead. The bowels were kept open with castor oil and a decoction of senna. The diet consisted entirely of fluids for the first fortnight; after that, he was allowed more nutritious food.

The anatomical facts as to the boundaries of the injury are as follows. The ball (sixty-seven weighing one pound) entered the head in the right temple, about one inch above in front of the ear, passing through the lower part of the frontal suture, a little above its junction with the sphenoid bone, and passed out at the back part of the head, through the lambdoidal suture of the same side, a few lines below its apex. The distance from one wound to the other was about five inches and five eighths.

These measurements show that the ball must have traversed nearly or quite five inches of the *substance of the brain*. The

was made of a metal resembling the metal of which bells are made, and weighed four ounces and five grs.; there was with the ball a brass button, weighing nearly two drachms, both of which were almost covered with a thick membrane, and also within the same sac there was a considerable quantity of exfoliated bone; those portions of the back-bone and ribs which were near the ball were entirely denuded.

“The pericardium was entirely agglutinated to the heart, the right side of which was somewhat atrophied. The right lung had morbid attachments between the pleura pulmonalis and costalis, and also to the diaphragm; it was of a lighter color and softer than natural.

“A. M. BLANTON, M. D.,	}	Very respectfully,
Frankfort, Ky.		
		A. S. ALLEN, M. D.”

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*Remarkable Case of Recovery from a Gun-Shot Wound of the Head.* By DAVID RICE, M. D.—(Boston Medical and Surgical Journal.)

Henry W. Richardson, aged 14, son of Francis Richardson, of Leverett, on the 28th of Sept. last, received a severe gun-shot wound in his head. A considerable portion of the substance of the brain was traversed by the ball, but the boy has now quite recovered. I deem the case of sufficient importance to be reported, being in my opinion a rare and interesting one. The circumstances connected with, and leading to, the accident, are as follows:—

George, an elder brother, was in the house loading a rifle, preparatory to firing at a target, at some distance through an open window. Henry was at the barn unloading a cart, and not being aware of danger, ran to the house, in a foot-path leading directly by the window from which George was about to fire his rifle. He passed by it just as the piece was discharged, the ball entering his head when within two feet of the muzzle. He fell lifeless, and was supposed to be quite dead for nearly an hour. He was carried into the house and laid upon a bed. I saw him for the first time in the evening, about four hours after the accident. I found him comatose, extremely pallid, the whole surface of his body and extremities cold and clammy, pulse hardly perceptible, and the breathing discernible only by close observation. I found that the ball had passed directly through his head, as considerable portions of brain were hanging both at the entrance and exit of the shot. I proceeded to shave the hair from around the external wounds, and to apply a *temporary* dressing, supposing that the

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These measurements show that the ball must have traversed nearly or quite five inches of the *substance of the brain*. The



boy is at the present time quite well, although he has some peculiarities that he did not have before the injury. He has a slight stoop in his shoulders, goes with his head down, and is more inclined to mirthfulness.

*Leverett, Mass., May 1st, 1849.*

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*Gun-shot Wound—narrow escape.*—(Ohio Med. and Surg. Jl.)

Dr. William Lindsay, of Donnelsville, has sent us an account of a case of gun-shot wound that occurred in his practice some years since. On the 27th of Nov., 1844, he was called to see the young man who was the subject of the accident, a son of Mr. Jacob Snider. While blowing into a rifle which he firmly believed was not loaded, he had the temerity to place his foot or great toe upon the hammer of the lock, and springing it, the piece exploded. He immediately fell, as though dead, but soon recovered the use of his faculties and limbs. On examination, it was found that the two front incisors of the upper jaw were gone, and that the ball entering there, had passed upwards, almost exactly in the median line, that is to say, the ball entered the socket of the right incisor, with a slight inclination to the left, perforated the septum and, entering the frontal sinus, made its appearance under the skin and periosteum, about three-fourths of an inch above the superciliary ridge, and a few lines on the left of the median line. The skull was fractured by the outward passage of the ball, but the brain did not seem to be at all affected. There was some hemorrhage from the mouth and nose, and an oozing of blood from the inner canthus of the left eye. One tooth was discovered and removed from the wound some days after the accident, the other was not found. Small spiculæ of bone came from the wound at intervals, and some six weeks after the accident, Dr. Lindsay removed a portion of dead bone from high up in the left nostril. The ball was, of course, removed, and with it the "patch," and the wound properly dressed. No untoward symptoms occurred, and the young man speedily recovered.

The only remarkable circumstance about this case is, the very fortunate direction and lodgment of the ball. Had the young man's head been in almost any other possible position, he must have been instantly killed. As it was, the ball kept so near the median line as to avoid all important vessels, nerves and organs. It probably did not enter the cavity of the brain at all, else there would have been more disturbance of the cerebral functions. The young man had a most fortunate escape.

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*Remedies for Cholera.* By W. T. GAIRDNER.—(Monthly Journal Medical Sciences.)

The first and most controverted of cholera remedies to which we shall allude, is *venesection*. In reference to this, the evidence is of the most varied character. It has been employed with alleged benefit in all stages of the disease, and not less in this country than in India. The most satisfactory accounts are of its use in the early stage, before the collapse has occurred; and here it seems to be often most effectual in relieving the feeling of tightness and oppression about the stomach and region of the diaphragm, which are frequently most distressing to the patient. As to the effect on the mortality, it is difficult to form an opinion. It is usually only in the early stage that blood can be procured in quantity, and this is precisely the stage not only when mistakes of diagnosis are most apt to occur, but in which the disease is most manageable under any form of treatment. Notwithstanding this circumstance, the mortality where blood-letting formed a considerable part of the treatment, is rarely much less in any of Mr. Ross' tables than 50 per cent, and sometimes more; few of these results, however, relate to blood-letting alone. Dr. Robertson, whose observations on this subject in our present number are well worthy of attention, thinks that he has in several instances prevented the collapse by this measure; and the favorable result of his cases presents the greatest encouragement to the practice. He employs it, however, only in the early stage.

*Stimulants*, especially alcoholic liquors, have been lauded in cholera, no less than blood-letting; but there appear to be now grave reasons for doubting their efficacy, and even, we think, of rejecting them in a great measure in the treatment of this disease. Not only are they in many cases most disagreeable to the patient, whose perpetual thirst they do nothing to relieve; but it seems to be most probable that they are not absorbed, and that their action is therefore purely local. It is important also to observe, that the evidence against them in Mr. Ross's tables is most unequivocal, and that, both alone and in combination with other kinds of practice, they seem invariably to have deteriorated the results wherever they were used. There is not an instance in these tables of a mortality under 50 per cent. where stimulants have formed part of the treatment. That by stimulants alone, gives in the aggregate 58.8 per cent.

*Opium* has a very large amount of individual testimony in its favor, and is indeed apparently so directly indicated by the diarrhœa, that we cannot wonder at its having been extensively used. In conjunction with acetate of lead, it forms the cele-

brated pill of Dr. Graves, which has had a most extensive reputation in the cholera both of this country and India. There seems no reason to doubt, that, in the premonitory diarrhœa, this remedy has the power, ascribed to it; but, in the confirmed disease, Mr. Ross's tables show that it has not diminished the aggregate mortality below 50 per cent. Those who continue to employ it should certainly do so in the fluid form, in order not to oppose any unnecessary obstacle to its absorption. In the stage of reaction, or where there is a tendency to coma, as is often the case in this country, there is every reason to reject opium as probably injurious.

*Mercury*, in the form of calomel, and usually in combination with opium, has been widely recommended in India. In this country it has been used to a large extent, but without remarkable success, according to the returns, excepting in the hands of Dr. Ayre of Leeds, and Dr. Peacock, in whose cases the mortality was as low as 31 per cent., and who both used it *without stimulants*. Whether this success is due to the calomel, or to the simplicity of the treatment in other respects, is, we think, very doubtful, considering the negative results of mercury in other hands, and combined with other modes of treatment. If, however, mercury be employed, we think that the method recommended in our Medical News, by Dr. Fleming, deserves attention; that of administering it in the fluid form of corrosive sublimate. Absorption is known to take place with great difficulty in cholera; and it is difficult therefore, to conceive a worse form for conveying mercury into the system than that of calomel.

*Tartar Emetic* is strongly recommended by Dr. Billing,\* on the ground that cholera is a fever, and must be treated by sedatives and fever medicines. He considers the collapse of cholera to be similiar to the cold stage of ague, and strongly reprobates stimulants in every form. He allows cold water to be liberally given, and even pushes his theory of the disease, so far as to administer quinine from the begining. The tartar emetic is given in small doses. Dry friction is the only external application. In Droitwich Lunatic Asylum, where tartar emetic was the staple of the treatment, there were only four deaths in twenty one cases; but this number is too small to afford anything more than a presumption in favor of the remedy. We attach, however, more importance to Dr. Billing's testimony than to his theory, and consider this method as worthy of further trial.

*Injection of the veins* was first introduced by Dr. McIntosh,

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\* On the Treatment of Asiatic Cholera. By Archibald Billing, M.D., &c. London, 1848. P. 15.



of Edinburgh; it has been so frequently tried in cholera, and so frequently found wanting, that notwithstanding its extraordinary effects in the first instance, we should hesitate to recommend it in any case which presented a hope of recovery under any other treatment. Nevertheless, the high mortality ascribed to it in Mr. Ross's tables (85.7 per cent.) is evidently to be ascribed to the trials of it having mostly been made upon moribund cases, in which alone it is by many practitioners thought justifiable. We refer our readers to Dr. Robertson's remarks on this subject, in our December Number, as well as in the present one. Nevertheless, we think that, if this treatment is to have any chance of success, it must be by being tried earlier in the disease, and *repeated as often as the collapse recurs*.

*Emetics* and strong *Purgatives* (such as croton oil) have each had their supporters; neither from theory nor experience can we gather much satisfactory testimony in their favor.

*Chloroform Inhalation* has been used in thirty-seven cases in Peckham-house Asylum, all of which presented characteristic symptoms. (See *Med. Gazette*, Nov. 24, 1848, p. 903.) The number of cases is too small to enable us to form a decided opinion upon the practice, more especially as the details of symptoms and treatment are not given. In the mean time, the results are superior to most of the methods in Mr. Ross's tables, but inferior to the tartar emetic practice in Droitwich Asylum, before referred to, and very decidedly inferior to the results of upwards of 700 cases treated by cold water and saline medicines internally. In the Edinburg Hospital, chloroform was found to relieve the cramps while the patient was under its action; but with respect to the restoration of temperature, and amendment of the symptoms of collapse, it was believed to exert a negative, if indeed not an unfavorable influence.

With regard to several other remedies which have been faithfully tried in Edinburgh, we must again refer to Dr. Robertson's paper.

On the whole, we think it is clear enough that the specific for cholera remains yet to be discovered; and that none of the more vaunted cholera remedies present evidence in their favor so strong as to command an exclusive attention. On the other hand, it is much to be feared that the *routine heroic practice* of many practitioners, both in this country and in India, has aggravated to no small extent the mortality of this tremendous disease. This is especially the case, as we have already pointed out, with regard to stimulants.

On reviewing the evidence deduced from large numbers, we

find that there are two modes of treatment which present so marked an advantage in respect of mortality, as to arrest our attention very forcibly. The treatment by common salt, with cold water given in abundance internally, produced in 607 cases (in various hands) a mortality of 20 per cent; and in Greville Street Hospital, 197 cases treated by a saline mixture with copious draughts of cold water, gave a mortality of only 14 per cent.; the lowest which has yet been recorded from a similar number of unselected cases. Nearest to these stands the treatment by ice, alone, given by the mouth; a continental practice, of which the results are 30 per cent. mortality. It is a remarkable fact, as pointed out by Mr. Ross, that in all these the administration of cold water by the mouth plays a prominent part; and when we consider the success which this remedy alone appears to have had in the hands of many practitioners (especially Dr. Shute of Gloucester,) it is impossible not to think favorably of it in cholera. Dr. Shute states, "that under this system the state of collapse is prolonged to two, three or five days; and others have remarked, that, during the reaction, a paroxysm of raging delirium is apt to take place. It is not, therefore, an inoperative remedy." Add to this, that it is most grateful to the patient, whose burning thirst seems always to point to this as the most appropriate resource for his relief. If it be the case also, as seems every way probable, that the water so administered is either absorbed into the blood to replace the fluid lost, or tends to prevent the loss of fluid from the blood by the intestines, we can have no difficulty in understanding its beneficial effects.

We are most firmly persuaded, that cholera, like all other diseases dependent on a specific poison, has a spontaneous tendency to cure after the virus has exhausted itself; and that the treatment will be most securely and successfully accomplished by discarding, in the majority of cases, heroic remedies; by following out the indications afforded by the feelings and desires of the patient; and, as Cullen said of fever, by attending to those conditions and means calculated to "obviate the tendency to death." Now, all that we yet know of the pathology of this disease tends to ascribe the fatal result in the collapse to a slow asphyxia, induced by the imperfect fluidity of the blood. In proof of this assertion, we would refer to pathological facts (see our review on this subject in February, 1848,) as well as to the wonderful, though too transitory, effect of the injection into the veins. We would therefore endeavor by every means to supply fluid to the blood through the intestines, the skin, the lungs, or at least to prevent, in as far as possible, the fluids of the body from being thrown off by these channels.

This might be accomplished—1st, by supplying cold water in abundance by the mouth, as already mentioned, and as dictated by the thirst of the patient; 2d, by the use of baths of regulated temperature, at least at the *beginning* of the treatment; 3d, by maintaining the body of the patient *throughout* the treatment in contact with fluid media, or at least with fluid vapor, by means of soaked cloths placed around him, and covered by a sufficiency of blankets; 4th, by surcharging the air of the apartment with vapor, particularly when the external air is dry and frosty.\*

The third of these indications was put in force by Dr. Robertson, by means of the hot wet sheets, surrounded by several dry blankets, very soon after the commencement of treatment in the cholera Hospital; and the advantages of it over the use of heated air, as in the first cases in the Infirmary, was soon apparent. The mortality under the latter practice, indeed, was so considerable as to cause it at once to be renounced in the Cholera Hospital. It was found, however, to have some disadvantages in the case of adults, from the disagreeable sensations sometimes caused by it, which gave rise to restlessness and struggling, and consequent exposure to the air. We are disposed to ascribe these effects in part to its having been used very warm, and exclusively with the view of producing reaction by artificial heat, and think that many of these inconveniences would vanish if the temperature were studiously regulated by the feelings of the patient.

The regulation of temperature, is a most important means in the treatment of cholera. The extremes both of heat and cold appear to be ill borne. The momentary shock of the cold affusion (followed by warm wrappings) has indeed been useful in rousing patients from deep collapse; but nothing has shown its continued application to be beneficial. On the other hand, the exhausting influence of excessive heat, externally applied, has been noticed by many writers. The supervention of reaction appears to us to depend much more upon the reception of fluid into the blood than upon the application of external heat; and we have seen it take place, and follow its usual course, where no external heat has been applied. Should the relation of the reaction to the fluidity of the blood be established, it will appear still further how paramount is the indica-

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\* We are happy to find a corroboration of these views, as to the importance of fluids in the treatment of cholera in an able pamphlet by Dr. Buchanan, of Glasgow, which deserves especial notice as one of the few recent contributions to the pathology and general history of the disease, bearing the traces of independent thought and observation, without being the mere exposition of a hypothesis.—See *Observations on Malignant Cholera, &c.* By Andrew Buchanan, M. D. Professor of the Institutes of Medicine in the University of Glasgow.



tion of treatment by fluids, to which we have alluded. Meantime a moderate amount of heat, such as is agreeable to the patient, appears to us to have most evidence in its favor in the treatment of the collapse.

The relief of the spasms is the next important indication of treatment during the collapse. In relation to this symptom, further trials of chloroform appear to be requisite, unless it shall be found to affect unfavorably the progress of the case. The use of frictions to the affected parts, and of stimulation of the skin by liniments, or by mustard cataplasms, is universally admitted to be useful.

Finally, in the management of the reaction the most important indication appears to be the restoration of the urine, and of its normal constituents, especially the urea and uric acid, which are often deficient, and appear by their deficiency to lead to coma. An excellent suggestion of Dr. Robertson's in these cases is the administration of *colchicum*; and we believe, this has been carried out by him in a few instances with good effect; though, of course, nothing can be yet said decidedly on this remedy.

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### *Prevention of Cholera.*—(Lancet.)

POOR LAW COMMISSIONERS.—The following are the suggestions made by the gentlemen appointed by the Poor Law Commissioners to inquire into the condition of the metropolitan poor-houses, with respect to cholera.

1. We would urge the necessity in all cases of cholera, of an instant recourse to medical aid, and also under every form and variety of indisposition; for during the prevalence of this epidemic, all disorders are found to merge in the dominant disease.

2. Let immediate relief be sought under disorder of the bowels especially, however slight. The invasion of cholera may thus be readily and at once prevented.

3. Let every impurity, animal and vegetable, be quickly removed to a distance from the habitations; such as slaughter-houses, pig-sties, cess-pools, necessities, and all other domestic nuisances.

4. Let all uncovered drains be carefully and frequently cleansed.

5. Let the grounds in and around the habitations be drained, so as effectually to carry off moisture of every kind.

6. Let all the partitions be removed from within and without habitations, which unnecessarily impede ventilation.

7. Let every room be daily thrown open for the admission of fresh air; and this should be done about noon, when the atmosphere is most likely to be dry.

8. Let dry scrubbing be used in domestic cleansing, in place of water-cleansing.

9. Let excessive fatigue and exposure to damp and cold, especially during the night, be avoided.

10. Let the use of cold drinks and acid liquors, especially under fatigue, be avoided, or when the body is heated.

11. Let the use of cold acid fruits and vegetables be avoided.

12. Let excess in the use of ardent and fermented liquors, and tobacco, be avoided.

13. Let a poor diet, or the use of impure water in cooking or for drink, be avoided.

14. Let the wearing of wet and insufficient clothing be avoided.

15. Let a flannel or woollen belt be worn around the belly.

N. B.—This has been found serviceable in checking the tendency to bowel complaint, so common during the prevalence of cholera. The disease has, in this country, been always found to commence with a looseness in the bowels, and in this stage, is very tractable. It should, however, be noticed that the looseness is frequently unattended by pain or uneasiness, and fatal delay has often occurred from the notion that cholera must be attended with cramps. In the earlier stage here referred to, there is often no griping or cramp, and it is at this period that the disease can be most easily arrested.

16. Let personal cleanliness be carefully observed.

17. Let every cause tending to depress the moral and physical energies be carefully avoided; let exposure to heat and cold be avoided.

18. Let crowding of persons within houses and apartments be avoided.

19. Let sleeping in low or damp rooms be avoided.

20. Let fires be kept up during the night in sleeping or adjoining apartments, the night being the period of most danger from attack, especially under exposure to cold or damp.

21. Let all bedding and clothing be daily exposed during winter and spring to the fire, and in summer to the heat of the sun.

22. Let the dead be buried in places remote from the habitation of the living.

By the timely adoption of simple means such as these, cholera or any other epidemic will be made to lose its venom; so true is it that "internal sanitary arrangements, and not quarantine and sanitary lines, are the safe-guards of nations."

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*Calomel in the Treatment of Cholera.* By JOHN ALLAN, Esq.,  
Epsom, Eng. (Prov. Med. and Surg. Journ.)

Having witnessed, with extreme pain, the ill success attending the treatment of this fell disease on its visit to England in 1832, I have been most anxious, since its threatened return, to gain practical information relating to it, from such of my professional friends as had enjoyed extensive opportunities of observing and treating it. Among these, Mr. Robert Stedman, of Greatbookham, Surrey, has kindly furnished a narrative of his experience, which is most interesting; since the treatment which he adopted, first in his own person, and afterwards in a large number of cases, was attended with unfailing, and, inasmuch as he did not lose a single patient, I may say, unequalled success. With Mr. Stedman's permission, I submit to the profession the substance of his narrative.

Mr. Stedman arrived off Calcutta in the early part of October, 1817, a few weeks after the cholera first broke out at Jessore. The ship, on board of which he was the appointed surgeon, was eleven days kedging up the Hoogly river, and as each day's progress lessened the distance to the capital, so it increased the horrors of the spectacle presented by the numerous dead bodies floating, up and down, with the flux and reflux of the tides. Mr. Stedman was the first person in the ship who was attacked by the cholera, probably, as was strongly impressed on his mind at the time, because, as a professional man, he took more interest, than any other individual on board, in noticing the numbers, forms, colors, &c., of the dead bodies, and, particularly looking on, when any native was performing his duty, as police, in moving such of them as happened to get entangled, when the ship was at anchor, at the bows, by the cable, or otherwise. The Bengal papers of that period stated, that between two and three thousand dead were cast into the river in a week. Hence Mr. Stedman's exposure to a sufficient force of putrefying animal effluvia to account for his being the first individual in the ship seized by the disease.

His plan of treatment was simple and bold, but most unequivocally successful, since he lost not one of the crew, amounting to forty-eight, all of whom, with only one single exception, had the disease, whilst other ships in the river lost many of their men. A Bristol ship, moored about two cable lengths higher up the stream, lost thirteen of her crew the first fortnight after her arrival.

Mr. Stedman's sheet anchor and sole reliance was calomel. Having commenced dosing himself, and having repeated it to a successful issue, he followed the same plan in all the other



cases as they occurred. He was, as it were, knocked down by the first seizure, and instantly rendered unable to go to the medicine chest. He requested the chief officer to go and weigh twenty grains of calomel for him. He replied that he would bring the calomel and the scales, but that he was not going to give such a dose as that. By the time he returned into the cabin, Mr. Stedman had incessant vomiting, but no power. He begged the officer to weigh twenty grains, and then to slip it off the scale upon his tongue. This done, the vomiting ceased for a short time, but not the cramps in the abdomen or limbs. On the recurrence of the retching, Mr. Stedman again, in less than ten minutes, requested to have twenty grains more. This checked all further vomiting, and, in one hour afterwards, still having spasmodic pains and drawings of the abdominal muscles, with heavings to vomit, he asked for twenty grains more. This, the first officer refused to have any thing to do with, but the second officer and others standing around over-ruled the objection, and a third dose of twenty grains was given. Shortly after this, Mr. Stedman was so far relieved as to be able to sit upright in the chair, and then they made him sip brandy and water. This warmed his stomach, and brought on re-action of the heart, and, although very feeble, with frequent cold sweats for several days, he might be said to have been well next day, as he was able to walk about, and attend to his duty.

The second case occurred on the third day after Mr. Stedman's attack; and very rapidly all on board, with the single exception already mentioned, of the chief officer, (who entirely escaped,) were seized. The captain, who had gone ashore, and remained there the whole time, also escaped.

To some of the men Mr. Stedman found it necessary to give to the extent of five doses, and, to one individual, six doses, of twenty grains each. In two instances he began with half-drachm doses. In all the cases this simple plan proved successful. The only adjuncts were brandy and water, and as soon as the appetite could take it, solid food well spiced. What seems still more remarkable, when one considers the habits and mode of living of the natives, is, that the same treatment proved equally successful with them. The native boat called "The Dingy," employed to convey messages, persons, &c., to and from the shore to the ship, frequently brought alongside, friends or relations of the boatmen, for the doctor's advice and medicines. To these Mr. Stedman gave his never-failing powders. Some of them he saw no more of, nor could he ascertain that any one of them died. On the contrary, the boatmen continued to bring more patients, or begged for powders for those

who were too ill to be brought to the ship. To show his thankfulness and gratitude for the benefits conferred on his friends, the boat-master brought to Mr. Stedman, as a present, a string of beads, such as he said, were worn only by Brahmins of high caste.

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Dr. SCHMALZE, of Dresden, *on the Diagnosis of Diseases of the Ear.* (Medico-Chirurg. Review.)

Let us now pass to the consideration of an instrument, which our author proposes to employ as a diagnostic means in certain diseases of the ear. We allude to the tuning-fork. Dr. Ernst Heinrich Weber had recorded the following experiment. He stopped up one ear with his little finger, and brought into contact with the hard portion of the head of the same side the handle of a tuning-fork, which had previously been set in vibration; he then brought the tuning-fork into contact with the head on the opposite side—on the side where the ear remained free. He observed that he heard much more distinctly on the side of the stopped-up ear, than on that of the ear which remained free. Reflecting upon this experiment, Dr. Schmalze was led to adopt the following propositions, which he afterward confirmed by repeated experiment.

“When both ears are healthy and open, the vibrating tuning-fork is heard equally well on both sides. But when the meatus of one side is stopped up by the little finger or other object, the tuning-fork is always heard much more distinctly by the stopped-up ear, so that it appears to many persons that they hear only with that ear. When the meatus of one ear is morbidly closed, as by accumulated membranes and inspissated wax, the tuning-fork is heard by this ear, provided the integrity of the auditory nerve be uninjured, more distinctly than by the other. If the other ear be stopped up also, then the tuning-fork is heard equally on both sides. The same relation also obtains, when in a healthy condition of the nerve the eustachian tube or the tympanum of one ear is closed, as by effused blood depositions of catarrhal or rheumatic matter, whether the meatus be closed or not. Certain cases that have come before me, in which, notwithstanding that the meatus, the eustachian tube, and the tympanum were free from obstruction, the tuning-fork was heard more strongly upon the diseased side, and in which I obtained a complete cure by the use of resolvent remedies, render it, in my opinion, not improbable that even single portions of the labyrinth, as for example, the vestibule, may become occluded by collections of lymph, by effused

blood, &c., the nerve (at the commencement) not participating in the disease. On the other hand, when the auditory nerve of one ear is affected, the vibrating tuning-fork is always heard less distinctly by the diseased ear than by the sound ear; and the occlusion of the sound or unsound ear makes, in this respect, not the slightest difference. These observations I have endeavored to utilise for practical purposes in the following manner: the tuning-fork appears to me to be particularly appropriate to the examination of the hearing, when only one ear suffers, or at least the one more than the other. Thus, when the patient hears the vibration of the tuning-fork through the diseased or more diseased ear much more strongly than through the sound or less diseased ear, we may conclude that obstruction of the meatus, tympanum, or labyrinth, or of several of these parts at once, is the cause of the disease. Although mere obstruction of the meatus may, as a rule, be easily confirmed by investigation with the speculum, yet this is not always possible, and in such cases the tuning-fork becomes a convenient auxiliary. But if in the cases specified we find the meatus free from obstruction, or the patient after the removal of the obstruction hear little or no better; and the results obtained by the tuning-fork remain unchanged, then we may conclude that the obstruction is seated beyond the membrana tympani, in the tympanum or labyrinth. Finally, if the patient hears the vibration of the tuning-fork less distinctly on the diseased or more diseased ear than on the other, be this latter obstructed or not, we may, with tolerable security predicate disease of the auditory nerve itself.

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*On Operating early for Hare-lip.—(Ibid.)*

Dr. J. Mason Warren has recently published a paper confirmatory of a recommendation he had formerly given, that infants should undergo this operation at as early an age as possible, he having frequently resorted to it 24 hours after birth, and with better success than in older children. This arises from the less resistance offered by the child, and the great rapidity of the healing process at that age, enabling it to suckle almost as soon as if nothing abnormal had been present.

In *double hare-lip*, complicated with fissure of the bones and a projecting tubercle, he operates on one side first, and allows that to heal; for if both sides be operated on at once, the tissues are too much stretched, and suppuration occurs. If one side has united, and a month be allowed to elapse before the second operation, the protuberant intermaxillary bone will be found to



have become more or less drawn into its place. *Sutures* are very preferable to needles, however wide the separation may be; for they can be more easily introduced, cause less irritation, and can be removed in from 48 to 72 hours without disturbing the tender adhesions. They allow the part to be inspected and any excess of inflammation to be kept down by wet compresses; so that after their removal, the line of adhesion is often free from redness, and after a short time is hardly perceptible. The suture-needles are most conveniently passed when straight, and sometimes by seizing them firmly with a forceps.—*American Journ. Med. Sciences*, No. xxx, pp. 337–8.

Dr. Anselon states that a long experience has convinced him that the practice of immediate operation, put into force by M. Bonfils of Nancy, is the best; the child then sleeping much, wanting little nourishment, possessing only an imperfect sensibility, and offering less resistance. The longer the operation is delayed, the less perfect is the adaptation obtainable, for the two segments are never developed exactly alike. The imperfect sensibility of the child is so far from favoring, as stated, the occurrence of convulsions, that these are of far more frequent occurrence in older children. The child may easily be nourished for the first three or four days with a tea-spoon, and after then it will suck with ease and safety. Much disappointment in this operation results from neglecting to divide the adhesions of the lip to the gum, without which exact coaptation cannot take place. After the operation, constant surveillance of the child by two attendants during 72 hours, is requisite. Each of these, in turn, constantly maintains the parts in exact apposition, by gentle pressure of finger and thumb, for in this way alone can the consequences of the movements of the face be guarded against.—*L'Union Médicale*, No. 76.

M. Guersant observes that there are three periods at which this operation may be performed with different chances of success. The best chance is offered when it is performed within the first fifteen days. Later, we succeed less often, owing to the indocility of the child; its crying, eating, &c., preventing also accurate union. Later still, when the child has reached from 10 to 15 years, we may reason with him, and again operate with more success.—*Gazette des Hôpitaux*, No. 75.

In addition to the above, we may observe that M. Paul Dubois likewise, some time since expressed a strong opinion in the Académie in favor of operating, in simple cases, upon very young infants. He uses very fine insect pins, and as those usually found in the shops are too long, and bend before the tissues, thus increasing the pain and duration of the operation, they should be shortened before passing. After 24 hours, the

first threads are to be replaced by others less tightly drawn, such change being repeated daily, and much diminishing the inconvenience produced by the pins. The upper pin may be removed after the 72d hour, and the lower one from the 80th to the 96th, according to the solidity of the union, which should then be found complete. The children are suckled as usual after the operation, which M. Dubois regards as important for their welfare, and preventive of cries and struggles. He has never met with hemorrhage after the operation, and he believes the best security against this, is the bringing the pared surfaces into accurate contact, and the avoiding making incisions into any other part than the lip itself. The detaching from the gum the portion of the lip which is nearest to the upper angle of the wound, for the purpose of rendering approximation easier, is in his opinion unnecessary, as the naturally yielding character of the part allows of this being effected.

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*The Obstetric Air-tractor.* By J. Y. SIMPSON, M. D. (Lond. Med. Gaz., from Proceedings, Edinburgh Obstetric Society.)

We make the following extract from a communication forwarded to us by Dr. Simpson, in reference to his ingenious invention of the Obstetric Air-tractor:—

If we could fix upon the *exposed* portion of the foetal scalp, the suctorial disc of a limpet or cuttle-fish with the usual force with which they adhere to the sea rocks, to which they are attached, we should have in many cases a power sufficient to enable us to apply by them the necessary amount of extractive force. The discs of the limpet and of the cuttle-fish attach themselves firmly to the surfaces to which they adhere, by being formed so as to act upon the principle of the common sucker used by the schoolboy to lift stones, &c.—viz., by removing or rarefying as far as possible, the air placed between the attaching and attached body, and thus taking advantage of the great power exercised by pressure of the atmosphere upon the surface of solids. This pressure is, as is well known to all, equal to nearly fifteen pounds upon the square inch when the subjacent vacuum is perfect; or, in other words, it would require a force equal to fifteen pounds of every square inch attached, to effect the separation of surfaces thus united. The limpet and cuttle fish have the surface of the acetabula or discs with which they fix themselves so strongly upon the rocks, bedewed with a thick mucous secretion; after placing the surface of the disc upon the part to which they are to attach themselves, they, by a muscular movement, raise the centre of the

disc so as to produce a more or less perfect vacuum; and the cuttle-fish has a central body in the middle of each disc, which it draws up and uses for this purpose, exactly on the principle of the piston of a syringe.

Such an arrangement and apparatus may be imitated by art; and, when rendered more perfect and complete, may perhaps give us a simpler, and safer obstetric power for some cases than even the forceps. In one protracted case which Dr. Simpson described, he had lately made use of this power to extract the child. When applied, the head was still high up in the pelvic cavity, and the instrument easily afforded such a hold of the head as to allow it to be slowly dragged forwards and extracted. During this extraction, the instrument required to be reapplied once or twice. Dr. Duncan and Mr. Dickson were present at the delivery.

The instrument used in this case was very rude and imperfect. It consisted of a common metallic vaginal speculum, fitted with a piston, and with the edge of the trumpet shaped concave disc at its outer or broader end covered with leather. This broader and leathered end was coated with lard, and applied to the head of the child; and then an exhausting effect was produced by moving the piston forwards. The apparatus would admit of much improvement and simplification, as by the mouth of it being made expansible, and capable of altering in shape, instead of metallic and fixed; by the inner edge of it being coated, as in atmospheric railways, by a thin layer or cushion of air enclosed in caoutchouc; by the exhausting apparatus being valved and more perfect, &c. &c.\* But if the Air-tractor could not be made both simple and satisfactory in its application, it would not replace the forceps, and more experience would be required to decide whether it had any title to do so.

If the instrument, when properly constructed, should be found to succeed, it would be still more advantageous in replacing the long, than in replacing the short forceps. In the case in which it was used, the head was of the height in which long forceps are usually required. If a suctional tractor should answer in some long forceps cases, and enable us to drag with sufficient force upon the exposed portion of the scalp, it would

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\* Since the preceding abstract was drawn up, I have made a great variety of experiments, with the view of ascertaining the best form of disc or mouth-piece and exhauster. I find that a syringe and piston, valved like the common breast-pump, so as to make a perfect vacuum, and having a disc attached to it formed of a double cup, the outer cup of caoutchouc, and overlapping considerably the edges of an inner and smaller cup of metal or gutta-percha, makes an Air-tractor possessed apparently of the necessary applicability, and requisite adhesive and extractive power.—J. Y. S.



save the danger dreaded by many, of wounding the uterus by introducing and working the blades of so long an instrument as the long forceps high up in the neck and cavity of the uterus itself.

Presentations of the breech sometimes require instrumental assistance. The hook passed over the flexure of the thigh is dangerous, and very apt to injure. The forceps, as recommended in these presentations by some authorities, are often inapplicable and inefficient. Perhaps the Air-tractor may afford us a new and sufficient instrumental force for the management of some of these cases. Its use would be simpler and safer than any of the other methods proposed.

Dr. Simpson further observed, that he was not aware that any one had applied practically this obsteric means, before it was employed in the case detailed to the Society. But the idea of using such a power had been long ago proposed by a gentlemen, for whose works and talents they all entertained the utmost respect—Dr. Arnott, of London. In his admirable work on Physics, (p. 636) Dr. Arnott alludes to the subject in the following words: “The forceps (says he) to be well and safely used, requires address, which even the naturally dexterous man cannot possess without a degree of continued practical familiarity with it; and, except in large towns, a man must be unfortunate in his practice who often requires it; hence the really small number of persons who use it well. A tractor of three inches in diameter would act upon any body, to lift or draw it, with a force of about a hundred pounds—much more, therefore, than is ever required or allowable in obsteric practice. In lifting a stone, the tractor does not act as if it were glued or nailed to the stone, but merely bears or takes off the atmospheric pressure from one part, and allows the pressure on the opposite side, not then counterbalanced, to push the stone in the direction of the tractor; so when placed upon the child’s head, it would not pull by the skin, in the manner of a very strong adhesive plaster applied there, as uninformed persons would be apt to suppose; but by taking off a certain atmospheric pressure on the other side or behind to urge the head forward on its way. Of course the pressure in such a case would not operate on the head directly, but through the intervening parietes and contents of the abdomen. It would be preferable to have a gentle and diffused action of the tractor over a large space, rather than an intense action on a small space; and, therefore, a tractor for the purpose now contemplated should not be very small, and should have a little air underneath it in a slight depression or cavity at its centre. The forceps must be more effective than the tractor for recti-

fyng malposition of the head, and diminishing its transverse diameter; but the tractor will answer both these purposes in a greater degree than might at first be expected."

In conclusion, Dr. Simpson stated that he had now used the Air-tractor which he had constructed in several cases of labour, and with results answering his best expectations. But it doubtlessly admitted of much further improvement in construction, in mode of application, in working and other details.

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*Beneficial Effects of Coffee in Infantile Cholera.*—(London Med. Gaz., from Henle's Zeitschrift.)

Dr. Pickford states, that from the great importance which now attaches to the treatment of cholera, he feels it to be incumbent upon him to impart to others the experience which recent opportunities have afforded him of the effects of *coffee* in the cholera of infants.

In the case of an infant at the breast, to which he was called late, to whom the usual remedies had been administered unavailingly for four days, the exhibition of coffee was attended with complete success. The incessant vomiting and purging had produced extreme emaciation; the abdomen was distended; the pulse was frequent and small; there was great restlessness, and sleeping with the eyes half opened; convulsive motions of the eyes when awake. Carbonate of ammonia, with nourishing diet, and external stimulants, having been fruitlessly exhibited, Dr. Pickford determined to have recourse to coffee, which he knew to have been recommended as a stimulating tonic, by Dr. Dewees. He began with a small dose, a scruple, infused in two ounces of water, with one ounce of syrup, giving a large spoonful every hour. The effect was surprising; the vomiting was arrested; the evacuations became more consistent, improved in colour, and less frequent. The amendment progressed so rapidly, that by the tenth day the child was discharged as cured.

The effects were equally good in a little girl, fourteen weeks old, in whom the vomiting was not so severe, but the diarrhœa was quite as copious. In this case, also, the coffee was given, after other means had been tried, and the patient greatly reduced.

Dr. Pickford has since used this remedy in nine children of different ages, from four weeks to two years and a half. The doses have varied from half a scruple to two scruples daily. He has, also, administered it to children labouring under premonitory symptoms, especially where the evacuations have been very light-coloured. In some cases a single dose of calomel has

preceded its employment. The effect was always favorable, except in one case to which he was called too late, when the child was already sinking.

He has not had any occasion to try the value of coffee in the diarrhœa of adults, having found calomel and opium of sufficient efficacy.

The benefit of coffee, especially in bilious diarrhœa, has been extolled by Lauzow and Chultze (Richter's *Arzneimittellehre*, vol. 1.) West, in 1813, found a combination of coffee and opium very useful in the epidemic of that year. Coffee has long been employed by the common people as a remedy (in Germany, we suppose,) after excessive indulgence in spirit drinking. It is known to have the property of promoting digestion, and the action of the bowels.

The purgative action of burnt coffee, is attributed by Dr. Pickford to its tonic exciting properties. Like some other substances, in small doses it is capable of restraining diarrhœa, while in large doses it acts as a cathartic. The physiological explanation of this opposite effect of the same remedy is probably to be found in the condition of the motor nerves, which, being weakened, are by its moderate stimulus restored to their normal state of excitement, and thereby diarrhœa depending on their paralysis is cured. In this way, also, is explained its aperient action in larger doses on adults, by its over-stimulating these nerves, and so promoting increased movement of the intestines.

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#### *A Successful Mode of Treating Fevers.*—(Boston Medical and Surgical Journal.)

Notwithstanding the great improvement in the practice of medicine, from the days of Hippocrates to the present time, above forty years experience has convinced me that but few physicians have employed the best or most proper method of treatment in epidemic and contagious diseases; particularly fevers, termed remittent, continued, inflammatory, typhus, scarlet, and such like—all of which I believe stand in the same association, and are the effect of actual poison, which being present in the system often bids defiance to the lancet, emetics, cathartics, or sudorifics, and the unhappy patient frequently falls a victim to its deadly grasp. But the best means that I have found, for rescuing the patient from the impending danger, is to disarm the enemy of his deadly weapon. For this purpose, for nearly twenty years, I have employed the oil of olives and alkali; these being the greatest antidote with which I am acquainted. The following is my usual manner of treating such disorders.



I sometimes, though but seldom, bleed, but generally cleanse the stomach by the use of few grains of ipecac., or some other mild emetic. I then direct the patient to be rubbed all over with the oil daily during the fever, using about two ounces at each time. I also direct the patient to take a tablespoonful of a weak solution of alkali, mixed with a little saltpetre, once every two, three or four hours, quieting the system by employing a few grains of Dover's powder occasionally, and drink freely a decoction of Virginia snake root and valerian, and as much cold water as the patient wants. For regulating the bowels, I generally employ the olive oil, castor oil or rhubarb, but mostly of the former, a tablespoonful of which may be taken every day at the commencement of the external application. If the bowels are much filled with morbid matter, I sometimes add a few grains of calomel to the rhei, avoiding drastic purges, as they not only irritate the system, but are often succeeded by diarrhœa, which is sometimes difficult to restrain. I regard quietness, both of body and mind, of the utmost importance.

AN OLD PRACTITIONER.

[The writer of the above has given his name to the Editor, and is, as he professes to be, an old practitioner. As such, he is entitled, to record the results of his practice. We think there is reason to believe, however, that the successful results in his cases were more owing to the mere *harmlessness* of his treatment, than to any remedial efficacy exerted by it.]

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### PART III.

## Monthly Periscope

*A New Physiological Fact.* (Revue Medico-Chirurg. de Paris.)—M. Magendie announced to the Academy of Sciences on the 2d April, that M. Bernard had detected that if a pointed instrument was made to prick the fourth ventricle, a little above the origin of the eighth pair of nerves, the urine of the animal wounded, which was before troubled, alkaline and deprived of saccharine matter, became *abundant, clear, acid* and holding in solution a great quantity of *sugar* like that of the diabetic. An hour and a half to two hours would be sufficient to produce these changes. The blood also contains much saccharine matter.

The experiment was repeated upon 16 rabbits, and exhibits a singular influence of the nervous system upon nutrition.

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*Removing a piece of Pipe-stem from the Bladder.*—We see in the Bulletin Général de Thérapeutique, the case of a man who in a drunken frolic attempted to sound himself with the stem of a common

pipe. This broke off, and a piece more than two inches in length passed into the bladder. He came to La Charité Hospital, where that skillful surgeon, Velpeau, removed it by an instrument like Civiale's Lithotritor with three blades.

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*New mode of curing Stricture of the Urethra.*—Dr. Brainard, Prof. of Surgery in the Rush Medical College, relates a case in the North Western Journal of Medicine, in which he performed a novel operation for stricture of the Urethra. The retention of urine was almost complete, and finding it impossible to pass a catheter, &c., the bladder was punctured above the pubis. A canula was here retained for two months, when the thought occurred to the surgeon to pass a catheter through this supra-pubic opening in the bladder and thence *forwards* through the neck of this organ into the urethra, where it was seized, drawn forward and placed *in situ* as ordinary. At the end of three or four days, this instrument was removed, and a fresh one passed *per urethram* into the bladder.

The novelty is passing the catheter from behind forwards, which mode, could it be adapted to cases in general, would be of immense importance to surgeon and patient.

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*Collodion in Chilblains.*—In *chilblains* I have used it with the most decided success. In one case the patient had her feet for some time exposed to severe cold, which produced an erythematous inflammation of several of the small toes. They were swollen, red, tender, and itching. I completely enveloped them in a thick coating of collodion, and the contraction which took place on its drying produced so much compression of the vessels, that the toes were as pallid as frozen ones. The pain and itching were immediately relieved, and in twenty-four hours these members were nearly well. I have cured *pernio* of the heel, also, with this article, but I do not believe it a panacea for all cases of chilblain, even in its erythematous stage.—[Dr. C. Green, in *Buffalo Medical Journal*.]

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*Belladonna in the Nocturnal Incontinence of Urine in Children.*—M. Trousseau narrates the case of a girl, five years old, who, since her third year had been the victim of this obstinate complaint. No effort was neglected on the part of the parents to remove the habit; but all the means adopted—some of them sufficiently severe—were without effect. A pill, containing one centigramme of the powdered root and half a centigramme of the extract of belladonna, was ordered to be taken every night at bed-time. During the first week two nights were passed without accidents; and from that time, with two or three exceptions, the complaint entirely disappeared. The treatment was resumed from time to time for nearly a year. This is only one of several cases occurring, as well in his own practice as in that of M. Bretonneau, in which Prof. Trousseau has observed marked benefit from the use of this drug.—[*L'Union Med.*, Oct. 14, 1848.]

In a more recent number, Oct. 21, of the same Journal, Dr. Bache,

Physician to the Hospital des Enfants, records two very obstinate cases of nocturnal incontinence of urine, occurring in individuals, one fifteen and the other eighteen years of age, where mercurial and sulphureous baths, refrigerant and astringent applications, tonic and ferruginous medicines, tannin, ergot of rye, nux vomica, and all other means had failed. Ultimately belladonna was exhibited with complete success.

[*Monthly Retrospect*, Dec. 1848.]

*Phlebotomy in Ancient Times.*—In the early ages some of the Abbays had a bleeding house called *Phlebotomaria*, in which they had four general quarterly bleedings; and in the order of St Victor, the brethren had five bleedings per annum. Half a century ago, bleeding was generally in fashion *spring and fall*; and surgeons were then never seen without a box of lancets and a red fillet. A fashionable phlebotomizing surgeon has been known to receive above a thousand guineas a year for this operation alone.—[*Med. News*,

*New Method of Treating Urethral Pains following Gonorrhœa.*—M. Vidal (de Cassis) having frequently remarked that these pains were relieved by pressing the penis with the fingers, has been led to try compression for their treatment, and has found it useful, affording a perfect cure in many cases, and a marked alleviation in others. The operative procedure, says M. Vidal, is so simple that it is scarcely necessary to mention it. "The surgeon takes a long strip of diachylon plaster, one centimetre (two-fifths of an inch) in breadth, and rolls it around the penis in the same manner as a common bandage, beginning at the glans; or, still better, he may apply it more accurately by using a number of small strips of plaster, each of which shall only be sufficient to encircle the organ once, and the two extremities of each strip should be made to cross upon the urethra, for the purpose of insuring the firmness of the dressing. The principal point to be attended to is the degree of compression, which ought to be as firm as possible, without interfering with micturition, which would of course, necessitate the removal of the dressings. The compression should be continued for a considerable period after the cessation of the pains, to prevent their return." M. Vidal cites two cases, from amongst great numbers which he has treated, in favor of this mode of practice.—[*Month. Retrospect*, from *L'Union Médicale*.]

*Therapeutic effect of Oleum Jecoris Aselli and Prunus Virginiana, Phthisis Treated—Recovery.*—In Sept. 1848, Mr. F. F. of B—, called on me for medical advice. He was twenty-two years of age—had been afflicted with a severe cough for three months—had laryngitis and every diagnostic symptom of phthisis in the right lung. I prescribed for him *Ol. Jecoris Aselli*, three table spoonfuls a day, and comp. tinc. opii 3ii., with a strong decoction of *Prunus Virginiana*. Being fond of the oil, he took the full amount, and, the latter part of the time, six ounces of it a day. He rode on horseback every day. The larynx was touched daily for two weeks with a solution of nit.



arg. 40 grains to the ounce of aqua distillata. In six weeks he had gained twelve pounds of flesh, and was free from all his phthisical symptoms. He has had no return of them since. Whether this was one of those cases which would have come under the denomination of Laennec's Spontaneous Cures, or like the late Dr. Parish's case in Philadelphia, where *puckerings* or *fistulous* cavities will be found in the lung upon post mortem dissection, I will not determine. That it was a case of Phthisis, I have not the least doubt. I would merely suggest, that a *combination* of these two agents, the cod fish liver oil and the wild cherry bark, may be more efficient than we have heretofore supposed, and may be worthy of a trial in all cases.—[*Charleston Medical Journal and Review*.]

*Fissures of the Nipples.*—M. Jose Leon advises all pregnant women who have reason to fear chapped nipples, to use during the month preceding delivery, once a day, the following liniment, the breasts being previously washed with tepid water:—℞. Tannate of lead, grammes iv. ; Simple cerate, grammes xxx. ; Oil of roses, drops ij. The bosom should be immediately covered with a compress of soft linen.—[*American Journal*, from *Gaz. des Hop.*]

*Prolapsus of the Umbilical Cord.* By Dr. RIGBY.—Is either produced by two great distention of the uterus from liquor amnii, or from the lower portions of the uterus not contracting sufficiently about the child.

Preserve the membranes unruptured as long as possible ; so long as this is the case the cord is in little danger.

If the passages be well dilated, and the pains active, you may venture to deliver with the forceps ; if not, you must turn the child. Some have succeeded in carrying up the cord upon their hand, and hanging it upon some part of the child, and then allowing the head to descend.

Where the cord is without pulsation and flaccid, there will be no need of interfering.—[*New York Journ. of Med.*]

*Treatment of Cholera by Calomel.* By Dr. AYRE, of Hull, England.—Calomel, therefore, in the minute dose of one or two grains, with a drop or two of laudanum to assist the stomach to retain it, and given every five or ten minutes, was my sole remedy in the stage of collapse, and in the cases which I now subjoin, will be found the proofs of its efficacy.

In the hospital there was one of my patients, to whom it was found, from a very exact account that was kept, that no less than 580 grains were given ; and one of my correspondents informed me that he had exhibited to one of his patients a larger quantity than this by 220 grains, and in both with the happy result of restoring early to health, and without the least appearance of ptyalism. But though neither ptyalism nor any other inconvenience is produced by calomel, when exhibited in the stage of collapse, yet if continued after this stage is wholly removed, its action on the system will be the same as it is in

other diseases, and two or three grains will do then what as many hundreds could not do before. And in the cases presently to be given, it will be seen, not only with what freedom I gave that medicine, but also with what care I watched its exhibition, and attended to the lessening or suspension of it, as the collapse progressively subsided. By giving the remedy boldly, and yet cautiously, I was enabled to subdue the collapse, and by subduing the collapse to prevent the consecutive fever, and thus limit the duration of the disease to two or three days.—*Ohio Medical and Surgical Journal*.

*On Vinum Sem. Colchici Opiate in Gonorrhœa.* By Dr. FROINUS.—Dr. Eisenmann, in a communication to the 'Wochenschrift,' in 1847, demonstrated the great utility of the *Vin. sem. colch.* (V. s. c. 3iij.; Tr. opii, ʒ½), in doses of from 25 to 30 drops three or four times a day, in the treatment of both male and female gonorrhœa. Without denying that it may be sometimes desirable to precede its use by purgatives or oleaginous fluids, he had himself found it applicable in all stages of the disease, effecting a cure, upon an average, in about seven days. In the present paper, 10 additional cases are related of its successful employment in various stages of the affection; and reference made to some 50 others, in which it proved as satisfactory in the results. It is not only useful in infectious gonorrhœa, but in discharges from the mucus membranes from other causes.—[*Ibid.*, from *Casper's Wochenschrift*.

*A Topical Application for Bruises.* By M. DE MONTEZE.—Powdered senna, powdered verbena, and powdered white pepper, mixed in equal proportions with white of egg. The application of this mixture has been found effectually to promote the absorption of blood effused in bruises, and also to allay the attendant pain.—[*Western Lancet*, from *Journ. de Chemie Medicale*.

*A Hindoo Remedy for Conjunctivitis.*—Take a flat, rusty piece of iron, and a lump of alum about the size of a nutmeg. The alum is to be melted on the iron over a lamp, then add the juice of half a small lemon, or a little juice, rub together and apply to the lids while warm, morning and evening, for three or four days. This composition is apparently the citrate of iron and alumina.—[*Boston M. and S. Journ.*

*On the external use of Iodine in Croup.*—Dr. Willige speaks of having had remarkable success in the treatment of urgent cases of croup by the external application of Iodine to the larynx and trachea. He recommends that tincture of iodine should be smeared with a feather over the front part of the neck, corresponding to the larynx and trachea and their immediate neighborhood; and that this should be repeated several times, with intervals of about four hours, until redness and irritation of the skin is induced. In most cases this is followed by subsidence of the distress of breathing, of the spasms of the glottis, and of the other bad symptoms. He mentions the particulars of three

cases in which, by this means, he succeeded in averting impending death.—[*London Medical Gazette*.

*Paronychia*.—In the Bulletin de l'Academie de Médecine de Belgique, 1848, there is a suggestion of Dr. Henroz, concerning the means of diminishing the distressing, throbbing pain of this affection. He has succeeded, by trials upon himself, in annulling the pain of a whitlow, by skilfully compressing the brachial artery between two little splints. The author adds, that moderate pressure of the radial artery near the wrist will suffice, when the inflammation has attacked either the thumb, index or middle finger; whilst compression of the ulnar will allay the pain in the ring and little fingers.—[*London Lancet*.

*To make a prompt Issue*.—Prof. Parker, of New York city, recommends strong Nitric Acid, (the acid of the shops will not do,) dropped on paper filling the hole made in adhesive plaster applied on the surface to be cauterized. This acts in a few minutes, gives but little pain, and a slough will be thrown off—an issue may then be kept up with peas, or a ball of wax.

*Prescription of Dr. A. H. BUCHANAN, of Nashville, Tenn., for Premonitory Symptoms of Cholera.*

R. Alcohol, 1 pint.

Gum Camphor,  $\mathfrak{z}$ ii.—dissolve, and add

Laudanum,  $\mathfrak{z}$ ii.

Comp. Spts. Lavender,  $\mathfrak{z}$ ii. Dose, 30 to 60 drops, on a lump of sugar, after each evacuation.

*Prescription for Typhoid Fever.*

R. Spts. Turpentine,

Balsam Copaiva, aa  $\mathfrak{z}$ ii.

Solution Gum Arabic  $\mathfrak{z}$ ii. M.

Dose, a tea-spoonful every 4 to 6 hours, for one, two or three days, till the secretions show a change.

*Prescription for Cholera Infantum.*

R. Rheubarb Root, (burnt),

Loaf Sugar, aa  $\mathfrak{z}$ ii,

Water,  $\mathfrak{z}$ vii. Boil and strain, and to each ounce add 5 grs. Bicarbonate of Soda. Dose, a tea-spoonful given three or four times daily.

*To make Mercurial Ointment*.—Rub the mercury with spermacetti (instead of lard) a few minutes, add a few drops of sweet oil, stir a minute, and the work is done.

*Camphor Mixture*.—Chloroform,  $\mathfrak{z}$ i.

Camphor Solid,  $\mathfrak{z}$ iii.

Yellow of Eggs and

Water beat up,  $\mathfrak{z}$ iv. Mix.

Dose—a tea-spoonful, equal to grs. 5.



## MEDICAL INTELLIGENCE.

*Notice of the Mineral Springs in the State of Georgia.*—We have had it in contemplation to prepare some account of the Mineral Springs of this State. In connection with the subject, we had proposed a visit to each one, and through the kindness of the chief Engineer of the State Rail Road, we made with him last fall an examination of Gordon's and Murray's Springs; having previously been at one or two others, and obtained the waters from most of them. Believing that some notice, however brief and imperfect, would do good at this period of excitement regarding the public health, we submit the few facts in our possession, with the regret that the information is not more minute and accurate in reference to the analysis of the mineral waters of Georgia.

Probably no State in the Union possesses greater mineral wealth than this. Her resources in this respect, yet unexplored, and very superficially examined, prove them to be very various and apparently inexhaustible. In Georgia are found gold, some of the precious stones, mines of coal, lime and iron; also sulphur, marble, granite, &c., &c. As a consequence to this geological formation, we have ferruginous, sulphureous, carbonic acid and saline waters. Chalybeate and sulphur springs are not uncommon in different sections of the State, and for years a few of them have become watering places, and favourite summer retreats for a portion of our citizens.

Mineral waters are those which contain so much foreign matter as to render them unfit for culinary purposes. For this reason many are used for their supposed medicinal virtues. The properties of mineral waters have been classed into four divisions—viz., chalybeates, ferruginous or iron; acidulous or acid waters; sulphureous; and lastly, saline, or water holding in solution some of the various salts. The same spring may contain more than one, or may even possess all these foreign matters. According to this definition and classification, all the known varieties of mineral waters are to be found in Georgia.

No analysis of the mineral springs of the State has ever been made; indeed, this could only be accurately done at their source, for with whatever care the water may be bottled, some of their gaseous contents will escape. All that is now proposed, is simply an enumeration of those now known to exist, with an approximative estimate of their *qualitative* and not their *quantitative* properties.

1. One of the oldest mineral springs of Georgia, is the *Madison*, situated in the county of the same name, being 24 miles from Athens, the seat of the University of Georgia. The water of this spring is *Chalybeate*, its temperature is 62° of Farenheit, its supply good; the climate is delightful, the accommodations are excellent, and the place accessible by Rail Road as far as Athens.

2. Near Gainesville, in Hall Co., 30 miles from the Madison springs, is a *Sulphur* spring, but of limited supply—still nearer the town is a splendid *Limestone* spring.

3. The Indian springs (*Sulphur*) are in middle Georgia, not far from Macon. The supply of the water is here sufficient for drinking, but not for bathing purposes. The accommodations are very good; the place can be reached within a few miles by Rail Road. This has long been one of the most fashionable resorts of our State.

4. At the Stone mountain in De Kalb Co., directly on the Georgia Rail Road, is a *Chalybeate* spring, as yet however attracting little notice; which indeed may be said of several other ferruginous springs in other parts of the State.

5. The Merriwether springs (*Thermal*) are near the Pine mountain, in a county bearing the same name, and are, we believe, the only natural warm waters in Georgia; the temperature is about 90°. The accommodations for bathing are good. There are several other springs along this range of mountains, such as the Thunder spring in Upson Co., (so called from the copious discharge of *Carbonic acid gas*,) *Chalybeate*, *Sulphur*, &c.

In North-western Georgia, known as the Cherokee country, a section whose geological structure is exceedingly interesting, exists the greatest mineral productions of the State. Here are the coal mines, lime kilns, marble quarries, iron, sulphur ore, &c., &c.

6. The Powder springs, so named from their *Sulphuretted*-hydrogen gas, are in Cobb Co., not far from Marietta, through which passes the State Rail Road. They have yet attracted little notice.

• 7. Rowland springs are in Cass Co., 6 miles from the Rail Road, and was the most popular resort the past summer. They are near the iron-ore most extensively worked in the State. The water is *Chalybeate*, and the accommodations equal to those of the Madison and Indian, their rivals.

8. The Cohutta springs are in Murray Co., high up in the mountains, near the Tennessee line. These waters are strongly *Chalybeate*, are very cold, very abundant, and are situated in a most delightful climate. It is a place formerly frequented by the Indians in the summer. The contemplated Hiwassee or East Tennessee and Georgia Rail Road will pass near the Cohutta springs, which, with good accommodations and the natural advantages of the location, cannot fail to make them a pleasant retreat.

9. Murray's springs are within a few miles of the Tunnel of the State Rail Road, 12 miles from Dalton, and are like the Cohutta in the mountains. They are very numerous; break out in the bottom of a small stream; and contain *Lime*, *Sulphur*, and *Iron*. The temperature of these waters in the middle of the day (clear) was 61°.

10. The Gordon's springs are also near the Tunnel and Dalton. Prof. Means says of these, "I have examined a good many of the mineral springs of Georgia, and tested their waters, but have not seen any that I think furnishes as good a variety of medicinal properties, within the same geographical limits. Several fine cold *Chalybeate* springs of different degrees of strength, together with one or two *Saline* springs, largely impregnated with *Magnesia*, combined with Sulphuric and Carbonic acids, (Soda and Lime being also included,) are found within the space of *forty yards*; while at the distance of a half mile, a pleasant cold spring, charged with Sulphuretted Hydrogen, breaks out within 30 feet of another very cold and large ferruginous spring."

We have thus, *Acidulous*, *Chalybeate*, *Sulphureous*, and *Saline* waters at this one location. They are at the foot of Taylor's ridge of mountain. All these waters are very abundant; their temperature 59°. The accommodations are rapidly improving, and under proper arrangement, this watering place is destined to become one of the most fashionable in the South.

11. The last waters we notice are those on Lookout mountain, where at a glance six States of the Union may be seen. This is the line of Georgia and Tennessee, with Alabama hard by—here is the terminus of one State Rail Road and the commencement of the other—here is the Tennessee river navigable for hundreds of miles, and here was Ross' landing, now known as the location of the flourishing town called Chattanooga.

We are indebted to our friend, Dr. Frazier, of the town just mentioned, for the following information respecting this interesting section of our country:

"The mountain ranges nearly North and South. It commences on the south bank of the Tennessee river, about three or four miles from the State line; rises abruptly from the bank of the river in the distance of a mile to the height of 2000 feet, its greatest altitude, runs through the north-west corner of Georgia and into Alabama, where it breaks off into irregular spurs and ridges. The unbroken and highest part is in Tennessee and Georgia, and is some 40 or 50 miles long. The northern point is the highest part of the mountain, and is narrowed on top to a few hundred yards, which is nearly level and quite productive. There are several farms now opening about this plain. On this part of the mountain are the springs, from which the waters were taken that you have analyzed. The soil is sandy, and the rocks are entirely mountain sand stone. The spring No. 3 is in Georgia, and breaks out within about 100 feet of the highest point; It is a bold and constant stream. No. 2 is in Tennessee, just on this side of the line; is also a good stream. Temperature 58°. No. 1 (the pure water) is on the side of the mountain, runs out of a perpendicular bluff some 250 or 300 feet high; its temperature is 56°. \* \* \* \* \* There is perhaps not to be found in the world a more romantic spot than the point of Lookout mountain. You can stand upon this broad flat rock, 2000 feet above the surrounding country, and survey at a glance, six States of the Union—Kentucky, Virginia, North-Carolina, Georgia, Alabama and Tennessee. You look down upon mountains and hills, green forests and cultivated fields, flourishing villages and towns. The Tennessee river is seen too in all its beauty and grandeur, for miles and miles in the dim distance. You see it as it rolls just below you; then as it dashes onwards to the North, making almost a complete circuit to enter the cliffs in the Cumberland mountain, called the Suck."

The Doctor also states in this letter the fact that from a register kept in 1842 or '43, it was ascertained that the difference in the mean temperature between the valley of the river and the summit of the mountain was  $6\frac{1}{2}^{\circ}$  lower on Lookout than in Chattanooga. The waters sent us were *Sulphureous* and *Chalybeate*, the strongest we have ever tested.

The common temperature of the water (pump and spring) in and about Augusta is  $65^{\circ}$ . At the U. S. Arsenal, on our Sand-hills, 200 or more feet above us, is a well 160 feet deep—its water is  $66^{\circ}$ . There are two pumps in Augusta of  $63^{\circ}$ , and a spring lately opened in one of our Factories is even a fraction below this; the water is pure mountain—probably derived from the canal. The temperature of our up-country water is  $62^{\circ}$ , while in the mountains it is as low as  $58^{\circ}$  and  $56^{\circ}$ . The common temperature of the Saratoga mineral waters is  $50^{\circ}$ , one of the springs is as low as  $48^{\circ}$ .

We commend our various mineral springs to the notice of our profession; it may be, like our indigenous botany, they are undeservedly too much neglected, only visited as fashionable resorts, and not for medicinal purposes. An accurate analysis of them, or well observed cases treated at their sources, would no doubt enhance very greatly their value. We cannot close, however, without directing the attention of the proprietors of these various medicinal waters, as we conceive them to be, to the importance of connecting extensive bathing establishments with them. At Saratoga nearly every spring has its bath-house. If good internally, these waters must prove so when externally applied.

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*Proposed amendments of the Constitution of the National Medical Association.*—In view of the fact that under the existing state of things the Reports of the Standing Committees must necessarily, in several instances, be in a great de-



gree repetitions of each other, and that their great length precludes the possibility of hearing them read in extenso, Dr. Dugas laid upon the table, for action at the next meeting of the Association, a proposition so to amend the Constitution as to assign to each Standing Committee a separate and distinct department of Medical knowledge. The number of the Committees will, it is true, be much increased, but the Reports will be correspondingly shortened and to the point, so that each may be heard without the risk of wearying the Convention. The vote to refer to the Committee on Publication several of the Reports presented to the last meeting of the Association, without having them read, cannot be viewed as otherwise than discourteous, and would indicate the necessity of a change. The Standing Committees proposed by Dr. Dugas's amendment are as follows:

One on Anatomy, human, comparative and Microscopic.

" " Physiology, human and comparative.

" " Materia Medica et Alimentaria.

" " Chemistry, Medical and Organic.

" " Pathological Anatomy.

" " Principles and Practice of Medicine.

" " do. do. " Surgery.

" " do. do. " Obstetrics.

" " Hygiene and Sanitary regulations.

" " Forensic Medicine.

" " Medical Education.

" " American Medical Biography.

" " Medical and Vital Statistics.

" " Publication.

" " Arrangements.

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To the Editor of the Southern Med. and Surg. Journal:

DEAR SIR—You will oblige me by publishing the following facts, which confirm certain positions assumed in my Lecture on Syphilis, contained in your last number.

Yours truly,

L. A. DUGAS.

*On the Absorption of Virus.* By M. RENAULT.—M. Renault has recently communicated to the Academy of Sciences the results of certain experiments made at the Veterinary School at Alfort, the object of which was the determination of the period at which the *action of Virus ceases to be local, and becomes general.*

This was endeavored to be determined by ascertaining how soon a parcel of Virus placed under the epidermis becomes absorbed; or, in other words, how long is the period after inoculation within which we may destroy or remove the portion of skin under which such deposition has been made, without modifying the absorption of the virus, so as to prevent or sensibly modify the general effects. In thirteen experiments, the animals were inoculated with the matter of acute Glanders, and the actual cautery applied, after previous excision of the congested parts, at periods after the inoculation varying in the different animals from 96 hours to 1 hour. In all the animals became diseased. In another series of experiments in which the virus of the rot of sheep was employed, it resulted that the virus was absorbed in five minutes.—[*Gazette Médicale*, 1848, No. 51. *British and Foreign Medico-Chirurgical Review*, April 1849. P. 531.]

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*Proposed specific for Cholera—Sulphur.*—Under the impression that Epidemic Cholera depends upon ozone, (a change in the atmosphere produced by electricity acting upon its watery vapour,) Dr. Bird, of Chicago, has recently proposed

*Sulphur* in 4 to 5 grs. doses with a little charcoal, as a specific. The suggestion is announced to the public under the auspices of an editor of the North Western Journal of Medicine, and some of the Professors of the Rush Medical College at Chicago.

There is no specific for any disease; and, moreover, no disease is cured except by nature. All that medicine can do is to *prevent* or *modify* impressions upon the system—the *cure*, we repeat, is after all the work of nature. That Cholera does not prevail at Sulphur Springs, or among those who handle sulphur, is no more true of it than of other epidemics. We sincerely hope Dr. Bird and his friends may be right, but we confess that we would prefer to use the preparations spoken of in larger doses, as well as to have other agents hard by when attacked with Cholera.

Dr. Bird deserves the thanks of his profession and of his country, for the noble manner in which he has made his proposition known to the world. It was not only spread on the wings of the wind, but went by telegraph to New York and New Orleans—from which places favorable reports (of course limited) were received in reference to its use. Should his suggestion prove to be true, viz., that Sulphur will *prevent* Cholera, his name will be associated with that of Prof. Simpson of Edinburgh, and the immortal Jenner.

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*Professional Changes in the Medical Colleges of the United States.*—We notice in the Journals several changes in our Medical Institutions—some caused by death, others by resignations. Dr. Thomas Hunt fills the chair vacated by the death of Dr. Harrison, in the University of Louisiana; and Dr. Nott, brother to Josiah C., of Mobile, has been elected to the professorship of Dr. Carpenter, in the same College. Dr. Mitchell has resigned his chair in the Transylvania University to accept one in the Philadelphia College of Medicine—his late place is filled by Dr. Bullett, of Louisville. Drs. Donne and Miller have resigned in the Memphis Medical College. Dr. Drake has left the Louisville Medical School and gone to Cincinnati, destined perhaps to be the next *President* of the National Medical Association. The venerable Dr. Caldwell has also resigned his professorship in Louisville—Prof. Yandell succeeds him, and Prof. Benj. Silliman, *Jun.*, is the successor to the chair of Chemistry. Dr. Fitch has resigned the post of Theory and Practice in the Rush Medical College, Chicago. Prof. Bartlett has resigned his chair in the Transylvania University and accepted one in the Louisville University. Prof. Hayward has resigned the chair of Surgery in the Massachusetts Medical College, and his place is filled by the election of Dr. H. J. Bigelow.

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#### MEDICAL MISCELLANY.

*The origin of Moles (Germen Falsom).* Dr. Thomas Lipscomb, of Shelbyville, Tenn., advocates the opinion, in the Western Journal of Medicine and Surgery, that *prolonged lactation* is the most frequent source of false conception.

*To ascertain if a child is born dead or not.* Dr. Van Hengel, of Holland, has addressed a note to the Academy of Medicine of Paris, relative to the discovery of a certain sign by which it can be ascertained if infants are born dead or not. The means consist in injecting into the rectum a mixture of brandy and cold water.

*Sir Benjamin Brodie's Liniment for Knee.* Sulphuric Acid and Olive Oil, in the proportion of one to three.

*New Obstetrical Forceps.* Prof. White, in the Buffalo Medical College, has invented a new Forceps, which is pronounced by competent judges to be superior to any other in use. The Tiemans of New York have them for sale.

*McMunn's Elixir of Opium—its composition.* A Dr. Ritchie, of Chicago, in a letter to the editors of the *Western Lancet*, believes that this preparation is composed of Laudanum with elaterium. He judges from its effects upon himself.

*Emigration and Sickness.* Of 3079 sick emigrants, chiefly Irish, thrown upon the city of New York in one month 1002 died.

*Quarantine and Cholera.* An Aberdeen paper says, that while the *prayer book* and clothes of a diseased cholera patient were most carefully burnt, six £1 notes found in his pockets, were religiously preserved—they of course not being *contagious*. Alas, poor human nature! to what inconsistencies art thou driven.

*Coating for Pills.* Collodion is now used with much advantage in coating bitter or disagreeable pills. Stuck on a needle, two coats will be sufficient for each pill.

*Diseased Eyes from Decayed Teeth.* Dr. Isaac Hays, than whom no one is better authority for diseases of the eyes, reports several cases in the *Transactions of the College of Physicians of Philadelphia*, wherein photophobia was extreme, relieved by extraction of decayed teeth—irritation of the dental branch of the fifth pair of nerves, being the source, and abscesses at the root of the teeth verifying the diagnosis.

*To expel Foreign Bodies from the Larynx.* Dr. Hansford, of Illinois, says he has expelled water melon seeds, a grain of corn, a glass bead, and a pin from the larynx, by directing the patient to lie upon a bench, face downwards with head projecting over the edge, and to take a deep inspiration. He then, while the lungs are filled with air, gives a smart blow between the shoulders with a pillow made hard by compression.

*Depopulation of parts of Europe.* In the kingdom of Netherlands the population of 1848 was 3,050,840 souls. In 1847, there were 91,670 births—deaths during the same period 99,457—decrease for one year 7,787.

*Tincture of Belladonna in Cholera.* Dr. Debrevne proposes in the *Journal des Connaissances Medico-Chirurg.* the Tinct. of Belladonna with Laudanum in the treatment of Cholera. He says Belladonna has been with me, for many years, the anti-convulsive and anti-tetanic par excellence.

*New Suture for the Trachea.* Dr. Sylva, in the same *Journal* (above), applied two silver needles paralleled to the wounded trachea, and then secured by a thread their extremities.

*Quick Lime to produce heat in Cholera patients.* Dr. Poiseuille, of France, has suggested that quick lime enveloped in a wetted linen, then in another cloth, placed near the patient in bed, will rapidly develop heat in the algide stage of cholera.

*Chloroform in Midwifery.* Prof. Simpson has used chloroform in 150 women in child-birth. Nothing unpleasant has occurred in them, either primary or secondary, and but two children of those delivered have died—one was putrified, the other asphyxied.

*Night Visits—when are they made?* By a decision recently had before a tribunal at Hall, all visits made between 9 in the evening and 6 in the morning, are considered as made at night.

*A new mode of Tampon in the Nose.* A soft wire doubled upon itself passed through the nostril, the nose is then filled with cotton or charpie, as it projects alongside of the uvula, the wire is drawn tight and the two ends at the anterior naris secures a second plug.



## OBITUARY NOTICES.

The celebrated surgeon, SAMUEL COOPER, author of the Surgical Dictionary, First Lines of Surgery, &c., died last December, in London, England, in the 68th year of his age.

M. SERRES, Professor of Surgical Clinic in the Montpellier School of Medicine, France, died suddenly at the age of 48, the 21st of March.

Prof. BLANDIN, in the School of Medicine in Paris, has just died from Cholera, aged 50.

Dr. TOWNSEND, translator of Velpeau's Surgery, died in New York, March, 1849, aged 53 years.

Dr. PRICHARD, the celebrated author on Insanity, &c., died in London.

Dr. TOWNES, Professor of Chemistry in University College, London, died January 31st, 1849.

Dr. WURDEMAN, of Charleston, a most excellent physician and of amiable character, formerly Demonstrator of Anatomy in the school of his native city, &c., died of consumption, on a vessel near Savannah, while returning home from Florida to his friends.

### METEOROLOGICAL OBSERVATIONS, for May, 1849, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 152 feet.

MAY.	Sun Rise.		2, P. M.		WIND.	REMARKS.
	THER.	BAR.	THER.	BAR.		
1	61	29 90-100	90	29 89-100	S. W.	Fair morning—storm at 7½, P.M.
2	64	" 94-100	86	" 92-100	W.	Flying cl'ds—sprink. last night.
3	66	30 6-100	78	30 9-100	N. E.	Cloudy—sprinkle yesterday.
4	63	30 7-100	87	30 3-100	S.	Fair—some clouds.
5	66	30	87	29 94-100	S.	Fair—some clouds.
6	70	29 72-100	85	" 86-100	S. W.	Showery afternoon, rain 45-100.
7	68	" 80-100	74	" 70-100	S.	Rain.
8	66	" 64-100	89	" 57-100	S. W.	Fair morning.
9	70	" 62-100	87	" 60-100	S. W.	Cloudy—rain afternoon 55-100.
10	66	" 57-100	71	" 45-100	S. W.	Rain, 1 inch and 80-100.
11	56	" 44-100	64	" 59-100	N. W.	Cloudy—blow.
12	50	" 74-100	75	" 75-100	E.	Fair.
13	58	" 75-100	82	" 66-100	W.	Fair—breeze—some clouds.
14	62	" 65-100	85	" 59-100	S. W.	Fair—breeze. [kle at 8, P.M.
15	63	" 60-100	90	" 50-100	S.	Fair—some cl'ds—blow, & sprin-
16	68	" 54-100	76	" 53-100	S.	Showery.
17	68	" 57-100	70	" 52-100	N. E.	Cloudy—blow—rain, 40-100.
18	56	" 58-100	57	" 67-100	N.	Cloudy—blow—rain, 95-100.
19	50	" 78-100	75	" 85-100	N. E.	Fair—blow.
20	53	" 92-100	78	" 92-100	N. E.	Fair.
21	58	" 91-100	81	" 90-100	S.	Cloudy.
22	63	" 88-100	81	" 85-100	S. E.	Cloudy.
23	71	" 75-100	89	" 71-100	S. W.	Fair.
24	66	" 64-100	82	" 62-100	S. W.	Cloudy—rain, 30-100.
25	65	" 62-100	88	" 60-100	S. W.	Fair morn'g—rain night 10-100.
26	68	" 64-100	87	" 65-100	S. W.	Fair morn'g—rain night 35-100.
27	66	" 66-100	72	" 73-100	S. E.	Cloudy—rain storm at 8, P.M., 1
28	65	" 72-100	81	" 74-100	W.	Cloudy morning. [in. & 55-100.
29	59	" 79-100	82	" 85-100	W.	Fair afternoon.
30	58	" 85-100	81	" 86-100	W.	Some clouds.
31	63	" 85-100	88	" 82-100	W.	Some clouds—sprinkle.

5 Fair days. Quantity of Rain 6 inches and 45-100. Wind East of N. and S. 7 days. West of do. do. 17 days.

SOUTHERN  
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Vol. 5.]

NEW SERIES.—AUGUST, 1849.

[No. 8.

PART FIRST.

Original Communications.

ARTICLE XXIII.

*Observations on Malarious Influences.* By W. L. JONES, M.D.,  
of Athens, Georgia.

The determination of the *conditions of existence*\* of the human race, is the great, ultimate problem presented to the medical Philosopher. The legitimate object of all his investigations, the point to which they all converge, is the knowledge, of that combination of external influences which is most favorable to the perfect development of man, and of the natures and habitudes of those which are unfavorable to his existence. That peculiar and definite relations do exist, between man and the world external to him, is proved not only from the fact that this is a fundamental idea in our conception of a living being, but also by analogy and the observation of various modifications in the races inhabiting different parts of the world. The labours of Geologists have well established the fact, that organized nature has undergone various and striking changes in correspondence with the mutations of the Earth; so distinctly marked are these, that they naturally divide the geological epoch into four ages—the *primary* characterized by the predominance of Fishes; the *secondary*, of Reptiles; the *tertiary*, of Mammals, and the *modern*, of Man.—(Vide. Principles of

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\* This expression is employed to convey a somewhat different and more comprehensive idea than that intended by Cuvier.—(See his *An. King.*, vol. 1st, p. 3d. New York. 1831.)

Zoology, by Agassiz and Gould, p. 190. Bost. 1848.) The geographical distribution of existing Plants and Animals, also confirms the idea of definite relations; thus, there are Faunas and Floras peculiar to the Arctic, the Temperate and the Tropical regions, besides an almost innumerable number of those which are less distinctly marked and more local in their nature: of the latter, the Galapagos Islands present a most interesting and remarkable instance. But one indigenous Mammal has been discovered there, and it is peculiar; 25 of 26 land Birds, 3 of 11 water Birds, 6 of 7 Reptiles, all the Sea Fish (15 species), 15 of 16 land Shells, 47 of 90 Sea Shells, 22 of 25 Coleopterous Insects, and more than half of their flowering Plants are found in no other part of the world. New Holland also is scarcely less distinguished for the *individuality* of its Fauna, than for the peculiar *types* of its animals. In oceans and seas, where the variations of external circumstances are not as great as upon land, Animals are not so restricted in their habitations; but even here the laws of *limitation* are still observed. Most of the aquatic tribes live near shores, and are therefore affected more or less by the same influences as the occupants of the land—hence we observe that they are governed to some extent by the same laws. A remarkable confirmation of this truth is found in the fact recently discovered, that the change of a few feet in the depth of water, changes completely the kind of animals inhabiting the bottom of the ocean. In truth we can find no exception to the *law*, that all animals, from the highest to the lowest, and all forms of vegetable life are governed to a greater or less extent by external circumstances, in their geographical distribution.

Now is it reasonable to suppose that Man, who was fashioned according to the same type as the vertebrated animals and who is connected with all organized beings by so many thousand links—should not be subject to the same modifying influences? Assuredly not—and facts coincide with reason to prove, that his existence is modified by external agents. Although a cosmopolite in one sense, a comparison of races in different parts of the globe, plainly indicates that all situations are not equally favorable to his development. As an example, the Patagonians with their long arms and slender legs, approxi-



mate the Quadramana very considerably, differing widely from the Mexicans and Peruvians both physically and mentally, and yet recent investigations shew that they belong to the same family. "I can aver," says Dr. Morton, "that sixteen years of almost daily comparisons have only confirmed me in the conclusions announced in my *Crania Americana*, that all the American nations, excepting the Esquimaux, are of one race, and that this race is peculiar and distinct from all others."—(Silliman's Journ., 2d series, vol. 2d, p. 7th.) Many instances of a similar nature might be adduced, but it is unnecessary perhaps, as every one has remarked the difference in the physical appearance of the inhabitants of various portions of our country, and even of our own State. But the influence of external agents is still more strikingly displayed, in the variety of diseases which prevail in different regions. It is well known that the prevailing forms of disease in tropical countries, are affections of the alimentary canal and idiopathic fevers—whilst pulmonary affections and those of an inflammatory nature supplant them in colder regions; but careful observations have shewn that even in temperate climates, the relative abundance of different diseases in different localities is very much modified by local influences. This is beautifully exhibited by the researches of the late Samuel Forry, M. D., in his work on the "Climate of the United States."\* Speaking of Catarrhal diseases, he observes, "on the New England coast, as the ocean modifies the atmospheric temperature, the annual ratio treated per 1000 of mean strength, is as low as 233; on the great lakes, where a similar modifying influence is in operation,

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\* Having at his command quarterly reports of all cases of sickness and of the number of deaths in a mean strength of 40,000 men, stationed in various parts of the land, during twenty years; and collating and comparing these with the calm and rigid scrutiny of a truly inductive philosopher, he was enabled to establish some of the most splendid generalizations that have ever graced the annals of medicine. He appreciated fully the well established truth that in a science of observation, like medicine, conclusions founded on numbers, can alone be relied on; hence the laws he deduced are established not upon vague and indefinite ideas that certain diseases prevailed in certain localities, but upon an actual comparison of all the cases which had happened among a certain number of men during a certain period of time; and this is an example which medical men must follow if they indulge the hope of raising medicine to the standard of an exact science.

it is 300 ; whilst the third class, (posts remote from the ocean and inland seas), characterized by the extreme range of the thermometer, has a ratio as high as 552. But let us follow more narrowly the isothermal and isochermal lines (representing the mean temperature of summer and winter) which describe four curves within the same space, presenting alternately a mild and an excessive climate. As these lines, on the coast of the Atlantic, present comparatively little deviation from the terrestrial parallel, the ratio of catarrhal diseases is low ; advancing into the interior, the line of equal summer rises and that of winter sinks, and the ratio increases proportionally ; proceeding into the region of the lakes, the lines again converge beneath the controlling power of the waters, and the ratio of Catarrh and Influenza is modified accordingly ; again advancing into the interior beyond these ocean-lakes, the average rises in proportion as the isothermal and isochermal curves tend to opposite directions.”—(p. 231.) In regard to Pleuritis and Pneumonia, he establishes the fact that the average number of cases “is much lower in the cold and variable climate of our northern and eastern States, than in the middle and south-western regions of the United States. At the south-western posts the annual ratio is 92, whilst on the coast of New England it is only 41.”—(p. 239.) Speaking of the variety of Intermittent fever on the New England coast compared with interior regions on the same parallels, he observes, “The same contrast as regards the prevalence of Intermittent fever, is shown, in the statistics of the British army, to exist between Canada, on the one hand, and Nova-Scotia and New-Brunswick, on the other. Whilst several thousand cases are annually reported in the former command, the disease is so rare in the latter that scarcely one indigenous case has been known to occur.”—(p. 278.) Numerous instances of a similar nature might be adduced, but who, after a due consideration of these alone, can doubt that there are definite relations between the human system and the world external to it ? or who that appreciates the magic power of the “inductive philosophy” in revealing truth, when applied to a sufficiently extensive collection of carefully observed facts, can hesitate for a moment to believe, that all the *laws* of these relations may be fully and accurately established.

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This problem requires for its solution a perfect knowledge of the human system and of all external agencies, whether organic or inorganic, together with all the modifications which can be observed to result from their action; and to attain to this it is only necessary that medical men should imitate the example of the cultivators of the physical sciences, many of which, though dating their origin at a later period than Medicine, have yet far outstripped her in the race towards *perfection*.

Let us now apply these general considerations to the subject of *malarious influences*, which have been universally attributed to external agencies, and the diseases which they produce being therefore the result of some peculiar relation which the human system sustains to one or more of these agents. We have seen that those great and primary physical agents which are ordinarily embraced under the term "climatic influences," are capable of modifying the development and of determining the nature and prevalence of the diseases of the human system; now are they sufficient to account for the existence of malarious diseases? It is not uncommon to find in medical works, the assertion that they are not—because, it is said, Intermittent fevers prevail in a very great variety of climates. This may be true, as far as vague and general impressions concerning climates can determine the question; but is it philosophical to trust these, or even accurate meteorological records, if they be incomplete? Now, until within a few years past, there were no records of atmospheric Electricity;\* and is it reasonable to reject entirely this powerful agent from the list of climatic influences and assume the unqualified position above-mentioned? May there not be in the midst of very great apparent variations, some invariable relations or conditions of the primary agents heat, light, moisture and electricity, which might produce these diseases? This can only be determined by very extensive observations and records of meteorological phenomena and the diseases which prevailed contemporaneously both in miasmatic districts and those which are perfectly healthy, during

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\* No one can doubt the existence of changes in the electrical equilibrium of the atmosphere, after reading the observations of Crosse—(Noad's *Lectures on Electricity*)—or the influence of this agent in organic processes, after reading the researches of Matteuci and Dueros.



periods of considerable duration. It is by the collation and comparison of such records only, that the laws of the relations between climates and diseases can be discovered. And this is a point of the first importance in Medical Science, since without this knowledge, we are constantly liable, in the explanation of pathological phenomena, to the error of introducing causes which are entirely superfluous, or of attributing too much or too little efficacy to those which really exist. Even in the present imperfect state of knowledge, however, concerning meteorological influences, there are some considerations founded both on reason and observation, which would lead us to believe, that climate either produced or co-operated largely in the production of malarious diseases. Upon this supposition, their characteristic *periodicity* might be readily anticipated;—since climatic influences are themselves periodical, it would naturally be expected, therefore, that their effects would appear at intervals. As every one knows, there is a maximum and a minimum of Light and Heat each day—those of the former varying at times, the minimum of heat being about sun-rise and the maximum between 2 and 3 o'clock, P. M. By daily observations for more than ten years at Halle, M. Kaemtz found that the humidity of the atmosphere attained its maximum just before sun-rise and reached its minimum about 3 o'clock, P. M. The universality of this law is confirmed by the observations of Neuber at Apenrade, of Kopfer at Petersburg, and by his own observations at the Sea and on the Alps. (Vide. Kaemtz's Met. by Walker, p. 82. Lond. 1845.) "It has been ascertained by the observations of De Saussure, Schubler, Arago and others, that the positive electricity of the atmosphere is subject to diurnal variations of intensity, there being two maxima and two minima during the 24 hours. The first minimum takes place a little before the rising of the sun; as it rises, the intensity, at first gradually and then rapidly, increases, and arrives at its first maximum a few hours after. This excess diminishes at first rapidly and afterwards slowly, and arrives at its minimum some hours before sun-set; it re-ascends when the sun approaches the horizon, and attains its second maximum a few hours after; then diminishes till sun-rise, and proceeds in the order already indicated."—(Phil. Mag., vol

15th, p. 219. 1839.) It will thus be seen that the maxima and minima of these forces coincide in point of time, and their effects ought therefore to be in like manner periodical and observe daily intervals. And it is a curious coincidence, to say the least of it, that the intervals of periodic fevers are either a day or a multiple of a day. Why the interval is sometimes the multiple of a day and not always a day, may be explained on this hypothesis by the interference of disturbing forces; which would increase the length of the interval in direct proportion to their number and power, as is the case in all purely physical phenomena. And here again the analogy is striking, for antiperiodics when insufficient to stop an ague, are often observed to prolong its intervals.

Another consideration which should direct our attention to climatic influences, is, that during autumn, when these diseases abound most, the combined influence of light, heat, moisture and electricity, reaches its greatest intensity, for although the heat and light has then decreased slightly, yet the humidity and free electricity of the atmosphere has increased. "The quantity of vapour attains its maximum in July, the month in which the air is driest. At the approach of winter, when the heat diminishes, the quantity of water precipitated in the form of rain, dew and hoar-frost, greatly exceeds that which passes into the state of vapour. Its quantity, therefore, goes on diminishing, although the *humidity* is continually *increasing*."—(Kaemtz's Met., p. 92.) "The intensity of the free electricity of the atmosphere has also been found to undergo annual changes, increasing from the month of July to the month of November inclusive, so that the greatest intensity occurs in winter, and the least in summer."—(Phil. Mag., vol. 15th, p. 220. 1839.) So that although heat and light attain their maxima in summer, and the humidity and electricity of the atmosphere attain their maxima in winter; still during the intermediate periods, of autumn and spring, they will all co-operate to the greatest extent; and these are the seasons in which malarious diseases prevail most. Our knowledge of Meteorology being so limited, as to enable us to trace out these general laws only, the attempt to explain any local phenomena, by this hypothesis, would be premature. It could

only be done with any rational hope of discovering truth, when extensive records of local climates shall have been kept, and this is a point to which the attention of medical men should be especially directed. We should be induced to follow this course of investigation, not only from *a priori* considerations and from the striking coincidences above-mentioned, but from the unsatisfactory nature of all the theories concerning malaria, which have been proposed. That which refers it to a deleterious gas or gases, has been the most generally received; but independently of the fact that these gases are merely hypothetical existences never having been discovered, there are some considerations which render this theory very improbable. It is opposed, in the first place, to well established laws of gaseous action, that they should be confined to any localities. It has been shewn by the researches of Graham and Dalton, that the spaces occupied by different gases, are as vacua to each other, and that they tend to diffuse mutually through each other with velocities, which vary inversely as the square roots of their densities. So powerful is this tendency, that if equal quantities of Carbonic Acid and Hydrogen are put in a closed vessel, although carbonic acid is more than twenty times heavier than hydrogen, yet in a short time they will be uniformly diffused throughout, so that as much of either gas will be found at the top as the bottom of the vessel. It is on account of this diffusive property in gases, that the proportion of Oxygen and Nitrogen is so uniform; for did gravitation alone operate, the oxygen would sink to the surface of the earth and the nitrogen would rise to the upper regions, their specific gravities being in the ratio of 1.1111 to 0.97. "The importance of this mechanism by which gases rapidly permeate each other's texture and become equally diffused, it is scarcely possible adequately to appreciate. The welfare of the whole organic creation depends upon the due maintainance of the proportions of the several aëriform fluids of which the atmosphere consists. The processes of Respiration and Combustion are perpetually tending to destroy the nicely adjusted proportions, by the abstraction of the vital air and the substitution of the carbonic acid, which is a deadly poison to animal life, and yet by the simple means which we are considering, the poisonous air is not al-



lowed to accumulate, but diffuses itself rapidly through space, while the vital gas rushes by a counter-tendency to supply the deficiency which the local consumption has created. Hence the invariable uniformity of this mixture, which is such, that the most accurate analysis of the most eminent chemists, have failed to detect any material difference in the proportion of oxygen in air taken from localities the most opposite to each other, in all the circumstances which might be supposed to affect its purity.”—(Daniell’s *Meteorology*, 3d ed., vol. 1st, pp. 25 and 26. Lond. 1845.) The Coal consumed in the metropolis, London, during the year 1839, was, according to Brande’s *Dict.*, 2,638,256 tons, and according to McCulloch’s *Gaz.*, the amount consumed in 1849, was 2,566,809 tons; taking 2,500,000 tons as the average amount consumed per year, the quantity burnt per day would be 6,849 tons, and per hour 258 tons, equal to 638,400 pounds. Now estimating 70 per cent. of this coal to be pure carbon, it follows that 446,880 pounds of carbon are burnt every hour, and this will generate 1,638,560 pounds of carbonic acid every hour, and 27,309 pounds per minute or 233,981 cubic feet of carbonic acid each minute. The population of the metropolis in 1841, according to McCulloch, was 2,560,281. According to Liebig, an adult in moderate exercise consumes daily 13.9 ounces of carbon, and taking 5 ounces as the average for persons of all ages, the population of London will burn up 800,000 pounds of carbon each day, and 555 pounds each minute, and this will generate 2,035 pounds or 17,435 cubic feet of carbonic acid every minute. So that from the combustion of fuel and food, the amount of carbonic acid generated each minute in London, is 29,344 pounds or 251,416 (in round numbers 250,000) cubic feet, and 1,760,640 pounds or 15,000,000 cubic feet each hour, and 42,255,360 pounds or 360,000,000 cubic feet each day. Moreover, for every equivalent of carbon thus consumed, there are two equivalents of oxygen abstracted from the atmosphere, and yet the analysis of the most accurate chemists have detected scarcely any appreciable difference in any of the constituents of the air, whether taken from the densest cities, as London and Paris, or from the summits of lofty mountains. The law of diffusion which thus acts so universally and so powerfully in preventing the unequal distribu-

tion of gaseous bodies is assisted also in this important work by currents of air in the form of winds, and at night by the displacement of air in valleys by the descent of cold air from the sides of hills and mountains. Under the combined influences of these powerful agencies, is it probable that any gas could so accumulate as to affect the occupants of the lower story of a house and not those of the upper, or the inhabitants on one side of a road or wall, and not those on the other?—(Vide. *Quart. Journ.*, vol. 24th, p. 51. 1827; and *Ency. Metrop.*, vol. 5th, pp. 797-8. Lond. 1844.) In the second place, it is not true that malarious influences exist only in places favorable to the decomposition of organic substances. Several instances of their existence in barren, sandy regions are recorded by Dr. Ferguson and others.—(See *Philad. Journ. of the Med. and Phys. Sciences*, No. 13. 1828.) Speaking of Ague, Darwin says, “This disease is common on the whole coast of Peru, but is unknown in the interior. The attacks of illness which arise from miasma never fail to appear most mysterious. So difficult is it to judge from the aspect of a country, whether or not it is healthy, that if a person had been told to choose within the tropics a situation appearing favorable to health, very probably he would have named this coast. Miasma is not always produced by a luxuriant vegetation with an ardent climate; for many parts of Brazil, even where there are marshes and rank vegetation, are much more healthy than this sterile coast of Peru.”—(*Voy. of a Nat.*, vol. 2d, pp. 128 and 130. New York. 1846.) That agues should be produced by sulphuretted hydrogen, as Daniell supposed, appears very improbable, when we reflect that chemists often remain for hours in a room through which this gas is diffused, and yet have no chills or fevers, and that the vicinity of Sulphur Springs, where large quantities of this gas is extricated, is often entirely exempt from these diseases.

The theory that these diseases are produced by animalcula and by fungi has been promulgated at various times, and Prof. Mitchell, of Philadelphia, has recently published a very elaborate monograph on the “Cryptogamous Origin of Malarious and Epidemic Fevers.” It is not convenient at this time to review this little volume in full, but I propose to make some general

observations upon the ground on which his theory is based. It is universally admitted that the growth and qualities of fungi are greatly modified by light, heat, moisture, &c., and that it requires *peculiar combinations* of these for the rapid development of the Cryptogamia. Now why may not these *peculiar combinations* of *physical agencies* produce these diseases instead of the fungi? Why should we not go back at once to those great *primary agents*, which we know to affect both vegetable and animal life, and regard both the development of fungi and of agues as concomitant results merely, of their action? We know that physical agents do affect the human system, and that they exist in their greatest intensity during the autumnal months; we only know on the other hand, that fungi abound at the same time, but have no direct evidence that they do affect the system. The fact mentioned by various writers, that fungi are more abundant than usual during periods of general epidemics and sickly seasons in tropical countries, and that during these same seasons there is a greater tendency to decomposition of all kinds, shows that there are peculiar meteorological influences present, and why should the human system be proof against these? Moreover, the fact that some fungi are poisonous when eaten, is not a confirmation of this theory, as the diseases thus produced do not exhibit any striking analogies with malarious affections, and in some respects are widely different from them, according to Dr. Mitchell's own statements. Even in those instances where they exhibit a tendency to assume the characteristic periodicity of the latter, it may be due to malarious influence, as we know that various diseases assume this peculiarity in miasmatic districts. Again, if the minute species act by being inhaled, they ought to exert their greatest influence during the day, for although produced in greatest abundance during the night, the forces which diffuse them through the atmosphere are most active during the day. That their poisonous qualities are lost during the day, is rather improbable, when those which are poisonous, remain so after being cooked. Moreover, if they are so readily diffused through the air, why should their effects be so markedly circumscribed? This objection does not apply to the action of physical agents, as their limitation can often be detected by such imperfect tests



as our feelings. It was beautifully shewn by the effects of the destructive frosts which occurred from the 16th to the 22d of April of the present year. Vegetation was so much more injured in the neighborhood of streams, that from some elevated station, it was easy to mark out their courses by the appearance of the forests. Another interesting phenomenon then exhibited, was the destruction of the lower leaves of the trees whilst the upper remained untouched. Dr. Mitchell advances the idea, moreover, with considerable confidence, that some diseases both of plants and animals are produced by fungi becoming true parasites upon them. But is it not absolutely impossible to determine whether the fungi are the causes of the diseases, or whether the latter give rise to the development of the fungi by furnishing the conditions favorable to their existence. Does not analogy incline rather to the latter side; are not fungoid plants generally observed to flourish upon dead or dying organism? They do not attack fresh meat or vegetables, and yet if these furnished the requisite conditions for their existence, with their rapid powers of development, they ought often to appear upon them, for after decomposition has commenced a single night is often sufficient to produce a most luxuriant growth. Is it not most reasonable, then, to suppose that they are the accompaniments and not the causes of these diseases, for our limited powers of observation will not warrant us in asserting that no diseased processes pre-existed, even in those ambiguous cases where no unnatural changes had been detected previous to their appearance? Our knowledge in reference to specific poisons is so indefinite and uncertain, that any argument founded upon it, must be alike uncertain and unsatisfactory. We are entirely ignorant of the conditions requisite for the generation of a specific poison.

These are some of the objections to this theory which have arisen in my mind. It is somewhat to be feared that its attractiveness may create so much enthusiasm in its advocates, as to make them lose sight of the legitimate object of all enquiry, which is the discovery of *truth*. It cannot be denied that the gaseous theory has retarded the progress of knowledge by rendering men exclusive both in observation and thought; and so must every hypothesis which cannot be tested directly by ab-

stract reasoning, experiment or observation. The true philosopher takes a position elevated above all prepossessions—where light may beam upon him from all directions and in its greatest intensity; he examines with care and rigid scrutiny the phenomena presented to him, and seeks for their origin by tracing the operation of causes which experience has shewn to exist. Their influence he determines accurately, and if they be insufficient to explain the phenomena, he subduces their effects, and proceeds with greater ease and certainty in the investigation of the now simplified “residual phenomena.” This mode of procedure has effected the solution of very many difficult problems in Physics, and it is that which is best calculated to unravel the *mysteries of life*.

## ARTICLE XXIV.

*Statistics of Diseases of Hancock County.* By E. M. PENDLETON, M. D., of Sparta, Georgia.—(Continued.)

The next table which I present shows the relative proportion between the several classes of disease in the different seasons of the year. Also, the contrast between the six warm months (beginning with April) and the six cold months (beginning with October), thus:

TABLE 2.

Classes of Disease.	Spring.	Summer.	Autumn.	Winter.	Six warm months.	Per cent.	Six cold months.	Per cent.
Digestive, . . . . .	110	127	138	50	283	17.5	142	8.8
Respiratory, . . . . .	53	39	64	70	92	5.7	132	8.2
Osseous, . . . . .	25	37	24	20	65	4.0	40	2.5
Brain and Nerves, . . . . .	23	26	18	22	46	2.8	43	2.7
Urinary, . . . . .	14	11	8	4	24	1.5	13	0.8
Peculiar to women, . . . . .	51	77	46	40	117	7.2	87	5.4
Visual, . . . . .	7	3	3	8	9	0.5	12	0.7
Skin, . . . . .	22	12	19	17	34	2.1	36	2.3
Periodic fevers, . . . . .	12	56	107	13	117	7.2	71	4.4
Continued fevers, . . . . .	9	6	10	12	14	0.8	23	1.4
Articular, . . . . .	11	11	6	10	20	1.2	18	1.1
Abscess, . . . . .	5	19	8	9	26	1.6	15	0.9
Injuries, . . . . .	20	20	18	24	38	2.3	44	2.7
All others, . . . . .	14	13	13	13	27	1.7	26	1.6
	376	447	482	312	912	56.0	702	44.0

From the above table it will be perceived that Autumn is the sickliest season, Summer the next, Spring next, and Winter the healthiest. There is not, however, that marked difference between the seasons in this county that many parts of our State would show, owing to its comparative freedom from malarious fevers. This tendency is getting more manifest every year, and I doubt not the time will come in this old county, under the improved system of drainage and agriculture, and the decrease of vegetable putrefaction, that our spring diseases will cope with the autumnal. All new countries (at least it has so proved in the South), are more subject to autumnal fevers than old ones, and it is doubtless owing in part to the immense decay of vegetable matter, presented to the sun in the rotten trees, roots and stumps of the late flourishing forests. This cause being removed in this county, together with the drainage of stagnant and pent-up creeks and rivulets, have completely changed the aspect of our diseases. There are now only one or two marked localities of periodic fevers in this county, and they are evidently becoming weaker in their influence.

The six warm months predominate over the cold as 56.0 to 44.0 in the aggregate. The different classes of disease are represented about as follows:—Of the digestive system, there are two to one in the warm against the cold months; of the urinary, about the same, owing no doubt to the increased tendency of these organs to take on inflammation in the warm seasons. Belonging to this class, also, though in a decreased ratio, are diseases of the teeth, those peculiar to women, abscess and periodic fevers. It is a little singular that tooth-ache prevails more in summer than winter, yet it is true, as the table shows, 65 for the warm against 40 for the cold months. I am sure this is against the commonly received opinion which classes it with those diseases originating in cold and sudden alternations of temperature, which, if it were true, would certainly throw its prevalence in the winter months.

It would seem that all diseases which are inflammatory in their character prevail more in the summer than winter, except those affecting the respiratory organs, which are as 8.2 against 5.7, unless we class continued fevers in this category, which we presume depends upon atmospheric causes. These have 23 for



the cold against 14 for the warm months.—And here I would remark that there seems to be an antagonism between periodic and continued fevers as to the time and perhaps causes of their production. In the winter and spring months proper, there were 25 cases of periodic fever, while in the summer and fall there were 163. On the other hand, the continued fevers stands as 21 to 16. This, though taken from a small table, might throw some light upon the future investigation of the etiology of the different classes of fevers. The eruptive fevers prevail mostly in spring and autumn. In the above table all cutaneous affections are put down in one class, but they mainly belong to the exanthemata. Thus, for spring and autumn we have 41 against 29 for summer and winter. The pure exanthemata would make the contrast still more striking. Why is it that these variable seasons of the year are better calculated to superinduce eruptive diseases than the more equable extremes of winter and summer? It would be an interesting question for the curious etiologist.

The remaining classes of disease seem to be but little affected by changes of temperature. Those affecting the brain, nervous and articular systems, prevailing a little more in the warm months, while diseases of the eye have a greater affinity for the cold months. This latter, I doubt not, is owing to the fact that the bleak winds of winter and spring are very apt to produce ophthalmia among those who are exposed to them. Thus we have in the above seasons 15 against 6 for the summer and autumn.

It would further seem that women are more subject to diseases peculiar to them in the warm months, as 7.2 per cent. against 5.4. This I suppose is to be accounted for in some diseases, because of the relaxing tendency of the season, and in others on account of the inflammatory tendency. Another remarkable feature connected with this table, is the fact that rheumatism prevails more in the warm than in the cold months. This I am sure is contrary to the generally received opinion, as rheumatics are supposed to be affected by cold, damp weather, more than any other kind. But the table indicates but little difference as to season, and that difference in favor of the warm months. Is it not true that articular rheumatism de-

pend more upon the state of the *primæ viæ* and constitution generally than physicians are apt to imagine? The worst case I have ever known was brought on in the hot month of August. One thing is very clear, that there is yet much to be learned about the different phases as well as etiology of this and other diseases, and we hope these statistical tables will help to induce other and abler hands to set about the work of eliciting facts from the great laboratory of nature, which will tend to place our profession more nearly in conjunction with fixed sciences than it may at present claim to be.

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## ARTICLE XXV.

*A Case of Schirro-Cancer of the Vagina and Uterus.* Reported by W. H. ROBERT, M. D., of Russell Co., Alabama.

That Schirro-Cancer of the Vagina and Uterus is a very rare disease, in our country, may be inferred from the fact that, the extensive practice of Dr. Dewees had furnished him so few cases of it that he was compelled to borrow from Mr. Clark the description of it contained in his work on the Diseases of Females. I am, therefore, induced to lay the following case before the profession.

I was called, on the 11th April, 1847, to see Fanny, a negro woman about 35 years of age, and pregnant with her eighth child. She quickened, according to her report, sometime in February, and since that time had frequent discharges of blood from the vagina, but not to such an extent as to cause alarm until the day I was called. I found that she had had pretty free hemorrhage; pulse not much affected; complained of pain in back and loins. On examination by touch, I found the whole of the anterior lip of the os tinæ in a state of ulceration, presenting a very uneven and knotty feel, and which bled when touched. There was a free and constant muco-purulent discharge. I prescribed pills of opium and sub-acet. plimbi, to be taken until the hemorrhage ceased, and resumed upon its recurrence.

I stated the nature of her case to her master, and advised a regular course of treatment, which, however, was not attended

to. I saw nothing more of the case until the 10th of May, when I was again called in great haste to see Fanny. For several days she had suffered general uneasiness of the uterus, which now amounted to positive labour pains, frequent, though not strong. Upon examination, I found the os uteri soft, flaccid and not dilated; the ulcer had increased so as to compass nearly the whole of the ostincæ. Venesection and anodynes were administered without controlling the contractions, which continued until delivery. The child died two days after birth, and I was now requested to treat the mother's case.

The treatment was commenced by an application of the acid nitrate of mercury to the ulcer on the 17th May, and the following lotion directed to be thrown up the vagina four or five times a day: sulph. zinc., 3j.; tinct. iodine, 3ij.; water, 2℔. Mix. I continued this plan for months, occasionally with apparent benefit. During the same time I used preparations of arsenic or iron internally, and cauterized the uterus every two weeks with either the acid nitrate of mercury or the nitrate of silver.

In October following, Fanny was placed in charge of two other physicians, who made an attempt to perform an operation on her, probably amputation of the os tincæ. I did not again prescribe for her, but frequently saw her and perceived that she was fast wearing away. She suffered constant and great pain in the right iliac region, for which she took large doses of laudanum. For two months prior to her death the cancerous fetor existed.

On 15th October, 1848, I was requested to make a post-mortem examination of Fanny. The body was very much emaciated, and was less offensive to the smell than when alive. The bladder was found very full of urine, and on the left side of it, without the peritoneum, between the vagina, rectum and bladder, there existed a collection of about a pint of slightly bloody fluid. On the right side, and in firm connection with the superior portion of the vagina as well as with the brim of the pelvis, there was a schirrous tumour about the size of a walnut, which grated under the knife, and in the centre of which was a small ulceration. The tumour, uterus, vagina and bladder were now removed. The vagina was very much thicken-



ed, and studded with ulcers in every part, except a surface about the size of a dime, just behind the urethra. Indeed the vagina appeared to be rather covered by one extensive ulcer than by a number of small ones, the ulcerated surface extending up to the uterus. There was no vestige of the os tincae, and the lowest point of the uterus was ulcerated. The texture of the uterus was not very firm, as the tenaculum frequently tore out. On cutting through the uterus, I found its substance very pale and studded with tubercles, some of which were in a state of ulceration. The mucous membrane was slightly injected, the walls of the uterus were about an inch thick, and the cavity of this organ resembled more a fissure than the normal uterine cavity. That portion of the vagina which corresponded to the schirrous was very thick, and in fact the tumour appeared to be a portion of the vagina itself.

The bladder was about a third of an inch thick throughout its whole extent. Its posterior part was intimately connected with the anterior portion of the vagina and was affected with a similar disease, but not yet in a state of ulceration. An aperture existed in the posterior portion of the bladder; internally, this was about three quarters of an inch long, and externally about the size of a crow quill. This may account for the collection of fluid found in the pelvis, as above stated.

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ARTICLE XXVI.

*Removal of a large Polypus from the Nose, through the Pharynx.*

By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

While on a recent professional visit to Newnan, Ga., I was requested by my friend, Dr. C., to see a negro woman, aged about 40, who had been for some time laboring under Polypus of the nose. A tumor could be seen projecting behind the uvula in the pharynx, and the finger could trace it still further by pushing up the soft palate. Having heard, while a student in Philadelphia, that Dr. Physick had once removed a polypus, under similar circumstances, by a tape secured to it through the pharynx, by a little manipulation, a noose was

thrown around this one, then wrapping the ends of the ligature around the fore-fingers, by a sudden and forcible thrust down the pharynx, the foreign body was easily extracted—indeed so readily, that I know not whether the patient or surgeon was most surprised and gratified. There was but slight hemorrhage, and the woman had a good recovery.

The polypus had but two slender attachments, like cords, extending up each nostril; and it weighed about *one ounce*. It makes quite a respectable showing in a common quinine bottle.

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## PART II.

### Reviews and Extracts.

#### BIBLIOGRAPHICAL NOTICES.

1. *Lectures on the Theory and Practice of Physic.* By JOHN BELL, M. D., &c., &c., &c., and by WM. STOKES, M. D., &c., &c., &c. Fourth edition, revised and enlarged. In two vols., pp. 784 and 976. Philadelphia: Edward Barrington and Geo. D. Haswell. 1848.

We give the title to a work well and favorably known throughout our wide extended country; the character, worth, and usefulness of which are now fully appreciated by every student of medicine. It certainly needs no commendation of ours. We are indebted to the publishers for these two elegantly bound volumes.

2. *A System of Clinical Medicine.* By ROBERT JAMES GRAVES, M. D., M. R. I. A., &c., &c., &c. With Notes and a series of Lectures, by W. H. GERHARD, M. D., &c. Third American edition. Vol. 1, pp. 751. Philadelphia: Edward Barrington and Geo. D. Haswell. 1848.

This is another capital work on the Practice of Medicine, and issued, as may be remarked, by the same publishers, whose liberality we again acknowledge for a copy. This too is a new edition of an excellent European book, long and well received by the American medical reader.

3. *Parturition and the Principles and Practice of Obstetrics.* By W. TYLER SMITH, M. D., London. Duodecimo pp. 395. Philada.: Lea & Blanchard. 1849.

That the author may express his object in publishing this work, we

present the reader with the preface; simply observing, that he seems to have executed his task in a satisfactory manner, and the publishers have done well in placing it before our professional brethren.

*“Preface.*—I began to study Reflex Obstetrics in 1842, and the present work is the result of seven years’ close and earnest attention to the subject. I may say truly, that during this time, though much occupied by other matters, it has scarcely ever been absent from my waking thoughts.

“I have no wish to deprecate criticism, but I trust I shall not be considered merely in the light of one who applies facts and principles already known to his own department of practice. I believe every candid person conversant with the current knowledge of the Reflex Function, and of Obstetrics, when I began to write, must admit that I have both added to reflex physiology, and made extensive applications in practice, which had eluded previous observers. Indeed, reflex obstetrics is a new department of the reflex function and its applications. Taking the whole range of reflex physiology, the Cause of Labour is only second in importance to the Cause of Respiration, and no one had perceived that the relation of the ovarian nerves to parturition is the same as the relation of the pneumogastric nerves to respiration; while, in the investigation of the causes of the Genesial Cycles, in the Twelfth Lecture, I have entered upon a new field, altogether distinct from the reflex motor function.

“When I published my first ‘Observations,’ reflex physiology had not found even a verbal home in any work on obstetrics, but I do not think it will be possible to say the same of future works in this department of medicine.”

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*Case of Hydrophobia—Cure.*—(Ohio Med. and Sur. Journal.)

The following is the detailed account of the case of Mrs. Burrows, of Camden, N. J., by Prof. Jackson, of Phila., a short account of which, we published in our Jan. No. We extract it from the last No. of the Transactions of the College of Physicians of Philadelphia.

The third case is that of Mrs. Burrows, which has excited some curiosity and interest from the recovery of the patient. This very uncommon result is well calculated to cast a doubt on the true nature of the disease, and suggest suspicions whether it was a true case of rabies canina. On this account, I shall lay before the College a somewhat minute and detailed statement of all the circumstances of the case, and leave it with them to decide the question.

Mrs. Burrows is about 30 years of age, rather of full embonpoint, a brunette, with black hair and dark eyes. She has a physically nervous temperament, but possesses a determined



character, great resolution, and a flow of spirits that rarely fails. When a girl she was subject to nervous attacks and spasms. The last severe one, her father and herself informed me, occurred ten years since. She has been married seven years, and has had four children; one she lost last summer; the youngest was nine weeks old at the period of her attack.

Since her marriage she has had but one nervous spasm, which took place four years since. It was brought on by the painful attempts to remove a pin she had accidentally swallowed, and which was sticking in the fauces near the top of the larynx. This was the last nervous spasm she had suffered prior to the invasion of the disease. Doctor Horner saw her at the time, with her brother, Doctor Cooper, at present a surgeon in the U. S. Army.

In the month of July last, then residing in Cooper Street, Camden, she was at the gate door with her child, a little girl aged — years. She saw two dogs running up the street; she stepped into the yard alongside the house, leaving the child at the door. She soon after was alarmed by the cries of the child, and the noise of a dog, and running to the door, found one of the dogs had attacked her child. She flew to its rescue, and in saving it received a bite on the inside of the wrist of the right hand. Two punctured wounds were made by the fangs of the dog, about an inch apart. They were slight, and she did not mention the circumstance to her husband, or pay any attention to them; they healed in a day or two. The dog disappeared, and nothing more has been heard of him.

No inconvenience was experienced from the bites until the commencement of October, when the slight cicatrices made became red, slightly tumefied, and painful. In some days after, one festered, which she opened; it discharged a few drops of greenish matter, healed, and gave no further trouble. The other remained hard and painful, and pains extended from it up the arm, to the shoulder. In a few days the whole arm became painful and swollen, a small tumor formed on the inner side of the arm about two inches below the axilla. It did not gather.

During this period, as she occasionally complained of her arm, her friends would inquire of her what ailed it; to which she frequently replied jokingly, that she had heard of a milk-leg, and she supposed her's must be a milk-arm. This is mentioned to show that her mind was not occupied with the idea of the bites.

On Friday, 27th October, Mrs. Burrows, after coming down stairs in the morning, drank a glass of cold water, as is her custom. She was surprised by a sudden shuddering sensation,

but as it passed off, she thought no more of it. In the course of the day she crossed over to the city to visit her parents.— When on the river, particularly on her return, she felt a singular dread and uneasiness at the sight of the water she could not understand. It left her when she landed. In the evening, feeling unwell, she resolved to bathe her feet before going to bed. When the water was brought, she attempted to try with her hand its temperature. She was instantly seized with a violent shuddering, and sense of dread. Her husband, who was present, laughed at her, and asked whether she had not been bitten by a mad dog. She was fearful of giving him uneasiness, and did not mention the bite she had received in July. Soon after, in attempting to take a drink of water, she was seized with violent spasms of the throat, and a sense of suffocation, to an alarming degree. Dr. Fisler, of Camden, who was her physician, was sent for, and remained with her the greater part of the night, as the spasms continued to recur at intervals. She was treated with acetat. morph. gr.  $\frac{1}{4}$ , every two hours. Dr. Cooper, of Camden, also saw her. I received a message requesting my attendance, and visited her at 2 P. M. While in the parlor down stairs, I heard a peculiar sound that bore some resemblance to a dog's bark. It was remarked that the patient was then in a spasm, as in them she made that noise. When I reached the chamber, the spasm had ceased. Mrs. B. was in bed, in full possession of her senses, conversed with me, without hesitation or difficulty, in a pleasant manner. She had no fever; pulse 68 to 70; skin cool; she complained of fullness of the head, which she attributed to the pills of acetat. morph. The adnata were slightly injected; she complained of pain in the neck, and in the throat; fauces appeared dry, and voice hoarse. Right arm swollen, and exceedingly sensitive; epigastrium sensitive to pressure, but it did not cause spasms, or disturb her breathing. Fanning, or waving the hand did not produce spasms, or unpleasant effects. Water poured from a vessel, though unseen, and no previous intimation given of the intention, Dr. Fisler informed me, had caused paroxysms in the course of the morning. I requested her to drink some water, with which she complied immediately. She took a mouthful, but in trying to swallow, a frightful spasm was induced, limited, as it appeared to me, to the larynx and fauces; she appeared suffocating. The diaphragm and abdominal muscles did not participate in it, as I kept my hand on the abdomen to ascertain the fact. She appeared to me for a short time to be unconscious, the eyes rolled upwards, but she declared she retained her senses perfectly. It was a violent struggle for breath, but not general convulsion

or spasms. There was no salivation of mucus collected in the mouth.

At this visit I expressed to my colleagues, Drs. Fisler and Cooper, that although the symptoms were somewhat suspicious, yet, taking everything into consideration, I was disposed to look on the affection as a simple nervous one, and probably hysterical.

The following course was agreed on. Sinapisms to the epigastrium; cups on back of neck; sinapisms down the spine; enemata of assafœtida, ʒiij suspended in water, and chloroform, ʒjss in an emulsion, every hour if required.

*Sunday Morning, October 29th.*—Patient apparently better, very cheerful, calm, collected in manner, and gay in conversation. Spasms had continued yesterday until evening, when they had ceased, and had not again returned; passed a quiet night, but did not sleep sound. She had drank water freely several times. Some difficulty had been experienced in swallowing it, but no spasms were excited. Head more comfortable since the pills were omitted. Throat feels sore, but less painful than yesterday. Skin, pulse, and tongue natural.—Sensibility entirely lost in the skin of the right arm, below the deltoid muscle; does not feel pinching, or touching. She asked me to stick it with my knife, to ascertain whether she could feel that. There is notwithstanding, deep-seated pain in the course of the nerves. There are also slight spasmodic twitchings of the muscles of the arm. The whole abdomen feels sore and uncomfortable; pressing the epigastrium gave most uncomfortable sensations, and disturbed the respiration, rendering it irregular, but did not cause spasms. In the night ejected some blood by vomiting, which did not coagulate.—Bowels have not been opened.

At this visit my first impressions were rather confirmed than weakened. I was determined to continue the same plan of treatment, and to add the following, with a view of acting on the bowels:—Mass. hydrarg., ʒj; syr. rhei, ʒj. A teaspoonful every hour. Enema of emulsion of assafœtida, if spasms continue.

The first dose was given at 12 M. The attempt to swallow it brought on violent spasms of larynx and chest, threatening suffocation.

From this time, the spasms occurred, with short intermissions, spontaneously, notwithstanding the assafœtida injections, the sinapisms to abdomen, and other means resorted to by Drs. Fisler and Cooper.

I saw her at 5 P. M. There was an intermission when I entered the room. She expressed herself as suffering great



bodily distress. The right arm was in constant agitation from slight spasms; the right shoulder painful; no sensibility in the forearm. The cicatrix was tumid, red, and sensitive to pressure, though the hand and arm were insensible. She complained of acute pain in both hams. Pressing on the groins, on the calves of the legs, in the armpits, as well as under the knees, excited acute pain. Has sense of distress in throat, chest, heart and abdomen. Notwithstanding this state of suffering, talks cheerfully, even answered in the same spirit to some jocose observations, and expressed her full confidence in her attendant's skill. Without her observing it, I placed my hand near the back of the head, some inches from it, and gently waved it. She was on the instant seized with shuddering, followed by strangling spasms of the larynx, fauces, and of the chest, arresting respiration, followed immediately by spasms of the trunk, in which she was tossed about the bed, gnashing her teeth, and plunging her head into the pillows, and bed clothes, biting and tearing them.

Chloroform was sent for. It was obtained from an apothecary in the neighborhood. When procured, as no sponge was at hand, I soaked a rag with it, and seizing her by the back of the neck, attempted to hold it near her mouth. The inhalation was imperfect, as the spasms kept the patient in constant motion, and as she was making plunging efforts to seize the rag with her teeth, some caution was required to avoid being bitten.

A sponge was then procured, and the inhalation was more effectually performed; as the effect took place, and the spasms were mitigated, the patient assisted herself to hold the sponge to her mouth. In a few minutes the full effect was produced, and she fell perfectly insensible, every muscle in perfect relaxation, and the respiration easy and natural. An enema was now administered, consisting of Pulv. ipecac. composit. ℞ij; chloroform ℥ij, in starch water.

The medical attendants retired to another room, where the excision of the cicatrix was talked over and determined on.

After returning to the room, while sitting by the bed-side, she suddenly addressed me, saying, "Dr. Jackson, what is my disease?"—"Nervous spasms," I answered—"I know that, but what causes these spasms?"—"Many causes of various natures may give rise to them."—"That is true, but is not that the cause," putting her left forefinger on the cicatrix on the right wrist. "Is it not that?"—"Most probably it is."—"Why not, then, cut it out? why not, if necessary, take off my arm? I can bear it, I have nerve for anything."—"Cutting it out is precisely what we have concluded, just now, to do, but it so

happens, we have no instrument with us.”—“Well, take your pen-knife, I won’t flinch.” Dr. Cooper, who had stepped out returned with a venerable scalpel that had evidently not been in service for a long time, and a tenaculum. I hooked up the cicatrix, and with some effort succeeded in excising the skin surrounding the cicatrix. This rude surgery was borne well. She then said, “Do you not think it would be better to apply caustic to the cut?”—“A good suggestion,” I replied, and immediately applied caustic liberally over the whole surface. A poultice of pulv. ulm. rubr. was directed to be applied.

The excision of the cicatrix was hardly completed, when a spasm came on. The chloroform was immediately administered with the sponge, its full effects were induced, and she again became insensible. She was some time in this state; as she was recovering from it; she raised herself slowly on her knees, and with her eyes intently gazing, and her arms stretched upwards, she addressed the vision of her lately lost child. When she had entirely recovered, she related the vision she had seen.

It was agreed that the chloroform should be given as soon as a paroxysm was observed coming on, that in the course of the night another enema similar to the last should be administered, if the spasms continued to recur, and calomel, gr. xx should be given, to relieve the bowels.

*Monday, October 30th.*—At my visit this morning found her better, calm, and cheerful; pulse 96; temperature of skin natural. Tongue moist, slightly coated. I was informed that spasms had continued to recur from the time I left her until midnight. Many were exceedingly violent. The chloroform had been timidly administered. As the spasms appeared to yield, the chloroform was withdrawn, from an apprehension of some ill consequences from using it so constantly. The patient, as soon as the spasms would permit her to articulate, would call for more and urge its use. After 12 o’clock, the spasms were subdued so much, that instead of being instantaneous, she had a warning of their approach, when a few inhalations arrested their further development.

Was sick in the night, and vomited more blood, which remained liquid.

Throat feels sore, voice is hoarse; abdomen uncomfortable, and slight pressure distressing; cannot bear the weight of the bed-clothes on it. Pressure on the calves, under the knees, groins, and arms, very painful. Bowels have not been moved. In the confusion from the conflict with the spasms, the calomel directed had not been given. No feeling in the right arm. It is paralyzed, but is often affected with tremulous spasms.

Mrs. B——is naturally nearsighted. Her father assured me she had been so from early youth. She was unable to distinguish the features of a person standing at the foot of the bed. Her sight is now quite acute. The shutters are bowed, and the curtains drawn, as the light is offensive, yet she sees a pin sticking in the paper on the opposite wall of the chamber, distant at least twelve feet.

The hearing is equally acute, though her hearing is rather dull in health. Yesterday, when the medical attendants were in the parlor beneath the chamber, the stairway opening into a small entry communicating with the bed-room she heard the conversation below, and repeated parts of it to those with her at the time.

She remarked to me that her throat felt so uncomfortable and dry, that she wished it could be greased inside with a feather. I suggested to her to take some oil of butter, to which she assented. It was prepared and brought to her in a silver spoon; but as soon as the glitter of the metal caught her eye, she was taken with a strong shuddering, and spasmodic action of the throat and face. The oil was then placed in a small toy-cup; she received it in the mouth without difficulty, but in attempting to swallow it, a spasm came on. I called to her to spit it out; but she made another effort, when most of it was expelled, and a strong spasm was induced. The chloroform on a sponge was brought under her mouth, a few inhalations produced partial insensibility and relaxation, and the paroxysm ceased. Calomel (gr. xvi.) was given. Pills are swallowed without difficulty, crackers can be chewed and swallowed.

6. P M. No complete paroxysm since morning; several times spasms were threatened, but arrested immediately by chloroform inhaled. This afternoon, her father seeing a fly about to light on her face, waved his hand to drive it away. This excited a spasm, checked, however, by chloroform. The looking-glass, and other shining objects in the room, were covered over. The glitter distressed her. The windows were also kept down; she could not bear the air to blow upon her.

I inquired of her what had been and were, her feelings; she said it was difficult to describe them, but they were more like a dread of something, she knew not what, than any other feeling. Her mind is tranquil; she converses cheerfully; being a Catholic, she has observed the religious obligations of her faith, and is fully prepared for any event.

The wound is discharging freely a thin serous fluid. The arm feels, she says, as though sensation was returning in it.

Bowels have not been open, or urine passed. Directed a



purgative enema, and after evacuations, pulv. ipecac. comp. ʒss. in injection. Chloroform *pro re nata*.

*Tuesday 31st.*—Had passed a comfortable night; bowels and bladder had both been relieved last evening, and again this morning; had taken the Dover's powder injection.—Twice spasms had been excited in the evening; once by a young girl coming into the room, and approaching the bed with a glass of water in her hand; the other, by an attendant, without thinking of it, bringing a basin of water into the room; each time chloroform arrested the spasms.

The wound discharges freely; suppuration has commenced; sensibility has returned to the arm; pressure on the calves, beneath the knees, in the groins, and armpits, much less painful.

She took last evening, some ice-cream, and repeated it this morning; she has taken also, some milk this morning. The uneasiness of the throat greatly abated; epigastrium less sensitive, bears pressure without the same distress. She informed me this morning, that during the violence of the attacks, a feeling appeared to start from the cicatrix, ascend the arm, pass down the chest, and strike into the stomach; but that now the feeling appears reversed, and seems to pass from the stomach into the arm, and descends into the wound.

The chloroform is used whenever there are threats of spasms from uneasy sensations. Repeat the enema of Dover's powder.

I inquired of her whether there was any difference between the attacks she had suffered during the last few days, and those I had understood she was formerly subject to. She said there was; they were wholly dissimilar. I asked in what respect. There is this difference, she remarked: in the former attacks I was generally unconscious; I knew no one about me, what was said, or what was doing. When I came to myself, I did not know that anything had happened to me. In these last, I had my consciousness entire. I knew every one, heard all that was said, and I knew all that was doing. There is also this difference. In my old attacks, bandages were tied tight around my stomach, and pressure made, which always gave me relief in the milder attacks; in those I have lately experienced, I could not bear the slightest pressure on the stomach; the bed-clothes oppressed me.

*Nov. 1st.*—Was restless in the night. The hand, wound and arm more painful; the edges of the wound pale and unhealthy; discharge thin and sanious. Directed it to be dressed with ungt. resinæ flav. Abdomen and epigastrium are no longer sensitive, or the seat of uncomfortable sensations; bowels relieved. This morning has taken ice-cream and milk. She

has swallowed three or four raw oysters; complains of thirst, and wishes to make a trial of drinking water. Some was brought to her, and she took a large draught. A slight tremor only was produced, followed by a sense of glow, and suffusion of the face; continue milk, ice-cream, and raw oysters. At night the usual enema of Dover's Powder. Chloroform has been discontinued.

4th.—Has continued free from spasms; arm been painful. To-day was brought in a carriage from Camden, to her father's residence in Market Street above Ninth. Saw her after her arrival. She was in the sitting room down stairs resting herself. At 9 P. M., I was sent for to see her. In carrying her up stairs to her chamber she had fainted. She continued from fifteen to twenty minutes in that state. She revived soon after I entered the room, when, as usual, she commenced with me a cheerful conversation.

She informed me that she had lost her milk during her illness, and will be compelled to get a nurse.

5th.—Had rested well; feels better though feeble; arm less painful.

23rd.—Have not seen Mrs. Burrows until this evening, at 10 P. M., when her brother, Doctor Cooper, of the U. S. Army, urged me to visit her immediately.

Since last report her general health has been good. The arm has remained painful; the pain appears to be confined to the ulnar nerve in the forearm. but the whole shoulder is painful. On the 17th, Doctor Fisler saw her, and as she was that day feeling very uncomfortable, with increased pain of the arm, and the wound was nearly healed, he again applied caustic potash. The slough was thrown off to-day. The pain of the arm had been increasing for the last two days, and finally, this evening, strong spasms of the arm came on, recurring, in paroxysms, every ten or twelve minutes accompanied with sense of numbness. Severe pain existed also in the nape of the neck, extending down the back to the last dorsal vertebra.

I directed a warm poultice with ten grains of powdered opium, to be applied to the wound. A pill containing sulph. morph. gr.  $\frac{1}{4}$ , was ordered to be given every two hours, and a dozen dry cups to be applied along the spine on the neck and back. One spot opposite the third dorsal vertebra, was exceedingly sensitive; when a cup was applied to it the right arm was thrown into violent spasms, the forearm was rigidly flexed, and the hand clenched. It continued in this state until the cup was removed.

24th.—The pain and spasms of the arm continued nearly all night. Towards morning became less, and the patient got some sleep.

No spasms of the arm to-day; the course of the nerve is yet tender; a little below the axilla is very sensitive; wound discharging freely; a liniment of extr. of stramonium, aconite, opium, with cerate oil, was directed to be rubbed on the arm, and the pill to be continued, at intervals of from four to six hours.

25th.—Rested well last night; arm less sensitive; wound looks healthy; omit the pills; continue the liniment.

From this period Mrs. Burrows continued to improve in health. Her milk returned. The wound cicatrized in the second week of December, the pain ceased in the forearm, but the shoulder and axilla continued sensitive, and occasionally painful, until the commencement of January. To the present time (Feb. 6,) she continues to enjoy the most perfect health.

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*On Rachitis.* By M. TROUSSEAU.—(British and Foreign Med. Chirurg. Rev., from Gaz. des Hôp.)

It is a remarkable circumstance that rachitis seems to be a comparatively modern affection, it having first appeared in England during the 17th century. So complete is the practical portion of Glisson's work on this disease, that M. Trousseau, after bestowing great pains in accumulating and arranging facts respecting it, was surprised at finding nearly every important point anticipated. The affection is never *congenital*; and although some commencement of the deformity may occur as early as the 3d or 4th month, it does not usually show itself until the 10th or 12th, augmenting most during the second year. It is rare indeed for the disease to commence after the 2d or 3d, and especially the 4th year. Parents seldom perceive the symptoms until they have considerably advanced. The child is then dull and heavy, breathes with difficulty, and suffers pain when taken up; and on examining the chest, the flattening of its sides and the projection of the sternum are obvious. A remarkable excavation exists opposite the 5th, 6th, and 7th ribs. The articulations of the ribs with the projecting sternum give rise to so many projecting points, and the same may be seen at the dorsal articulation. The clavicle is carried strongly forwards, projecting where it joins the sternum. The spine becomes bent upon itself as in old age, but not distorted laterally, and the vertebræ are enlarged as if they had been submitted to compression when soft. The anterior fontanelle remains open for two, three, or four years, though it should be closed by the 14th or 20th month; its texture remaining cartilaginous as late as six years, whereas, at latest, it should be bony by



the second year. In like manner, the sutures continue un-united for a period far too long. The head enlarges in all directions; the forehead resembles that of the hydrocephalic head; the chin is short, and the jaws, especially the lower, are swollen. Almost invariably the teeth are very backward, or if present, they are ill formed, carious, and brittle. In respect to the pelvis, the iliac portion widens out, while the ischiatic narrows, contracting the cavity. The humerus and femur are especially shortened, and this occurs to some extent in all the other bones, the longest ones generally shortening most. The bones of the forearm are curved with the concavity towards the palmar aspect. The humerus is curved inwards, and the bones of the lower extremities forwards and inwards. The heads of the bones are enlarged, and their ligaments relaxed, allowing movements of the hands and feet without the intervention of the forearm or leg.

The first stage of the pathological change is termed by Guerin *ramollissement*—the whole texture of the bone becoming softened, and the intervals of its lamellæ being filled with a substance of the consistence of current jelly, which also fills the medullary canals of the expanded bone. The periosteum swells and becomes incrustated with osseous matter as after a fracture. If these processes go on, an amorphous osseous matter becomes deposited, which gives to the bone a remarkable softness, so as to render it capable of receiving an impression as in œdema, or of being bent by the hands. However, the osseous matter becomes more and more deposited, and after a while hardens the bone and acts curatively. In from four to six years this hardening becomes so great that the term *eburnation* may be then correctly applied, although used by Guerin at an earlier period. Very slight force, however, suffices to fracture such a bone.

Children labouring under rickets suffer much pain, and when the disease is advanced, great agony, on the least movement. The first symptom that strikes the mother is the great debility of the child, perhaps heretofore apparently strong. It suffers much when attempting to stand alone, and bends forward like an old man. If we find a child so suffering, and that it has a large head, fever, and sweats which persist for weeks or months, the disease will surely prove to be rickets. Too often both the mother and physician are induced by the cough and dyspnœa, which in so deformed a chest are present, to mistake the disease for a catarrhal affection. So, too, the large belly produced by the thrusting down of the enlarged liver by the contents of the thorax, leads to the supposition of mesenteric disease. Rickets seem quite incompatible with *tubercle*, as the

two diseases are never found associated, and the same remark applies to *scrofula*. Almost all the children who die from rickets do so on account of the development of acute or chronic *pneumonia*. In other cases diarrhœa takes them off; but they never die from affection of the head.

One is struck by the fact that most cases of rickets occur between the 10th and 15th months, which is just the period of *dentition*; but the supposition that it arises from the febrile action dependent on that process will not bear examination. These children generally have not yet got any teeth. This is also the usual period of *weaning*, and rickets is of very common occurrence in children who have been prematurely weaned; and M. Guerin's experiments show the great influence exerted by improper diet in its production. In those whose diet is too animalized, it is developed sometimes with wonderful rapidity; and we have to insist on prolonged suckling or the use of milk, whereas practitioners too often order broths, meat, &c., on account of the weakness of the child; in all such children, *milk* is the proper diet for the first three years, the good diet, tonics, &c., given advantageously in *scrofula* being quite unadapted to this affection. Yet *cod-liver oil*, so useful in *scrofula* and numerous chronic diseases of debility, is of marvellous efficacy here; the common shoemaker's oil being, however just as useful as the more expensive preparations. It first produces a cessation of pain, and, if continued, a cure rapidly follows.

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*Diseased Condition of the Tracheo-bronchial Mucous Membrane of the Artisans of Sheffield, and the Statistics of Mortality among them.*—(Amer. Journ. of Med. Sciences.)

Dr. Craigie, in the late edition of his elements of "*General and Pathological Anatomy*," states: In the town and vicinity of Sheffield, two sorts of grinding of edged tools are practised; one, dry grinding on a dry stone, the other, wet grinding on a stone moistened with water. Many articles, as scissors, razors, and penknives, are ground partly on dry stone and partly on the wet stone. Others, as forks and needles, are ground mostly on a dry stone. Table knives are ground principally on a wet stone. Saws, files, and scythes, are ground entirely on a wet stone. Dry grinding is most injurious, and tends most directly and effectually to induce bronchial and pulmonary disease, and thereby to abridge the duration of life amongst the grinders. The dry grinders, therefore, are most speedily destroyed. The life of the wet grinder is often prolonged to a considerable age.

Of 1,000 scissors-grinders above 20 years of age, only 20 attain the age of between 50 and 55 years; only 10 the age of between 51 and 65; and none live beyond the latter age; while of the inhabitants of Sheffield generally, 224 in 1,000 are found living at 65 and above, and in the midland counties 413 in 1,000. Of artisans in this branch 843 in 1,000 die under 45 years of age.

With the fork-grinders it is worse. Among 1,000 fork-grinders, aged above 20 years, not 1 attains the age of 59; while in Sheffield, among 1,000 persons, 155 are living at 59. Of these 1,000 persons, 472 die between 20 and 29 years, 410 between 30 and 39; and the residual 115 are all gone before the age of 50.

Among 1,000 razor-grinders above 20 years of age, 749 die under 41 years of age, the rest mostly between 41 and 60; between 61 and 65, only 5 are living; and after 65 all are gone.

Of the penknife-grinders, not 1 in 1,000 arrives at the age of 60; 731 die before the 40th year; and the rest are all destroyed before the 60th year.

Saw-grinders, file-grinders, and scythe-grinders, who work on the wet stone, are less liable to bronchial disease, and are longer lived. The numbers pursuing saw-grinding are not great. Yet among 78 persons engaged in it in 1843, 9 were between 60 and 65, and 1 died between 66 and 70, and 1 at 79.

The number of scythe-grinders is also not great. In 1843, there were 30; of these, 8 were between 41 and 60 years of age. Both the saw-grinders and the scythe-grinders are exposed to accidents, sometimes fatal, from the breaking of the stone.

The lesions which produce this great mortality are of a complicated character. The most common lesions are chronic inflammation, with thickening of the bronchial membrane, enlargement or dilation of the bronchial tubes, emphysema, and expansion of the pulmonary tissue.

The bronchial glands are enlarged, or converted into a black, hard, gritty substance, varying in size from half a marble to a large hazelnut. In dividing these glands, the sound emitted is the same as if the scalpel were dividing a soft stone, and the section is black and polished, and grates over the edge of the knife. Such masses are commonly detected in grinders who have belonged to the most destructive branches. Similar soft, sectile, gritty, or stony matter is found in almost every part of the lungs, in portions varying from the size of a currant to that of a bean; adhesions between the pulmonary and costal pleura are also frequent. In some instances the lungs present an appearance as if black currants had been distributed through their



whole substance, and accompanied with similar bodies, larger in size, but hard and gritty like them. These currant-like bodies are also observed on the surface of the lungs. They are supposed to consist of the dilated extremities of veins containing some of the solid constituents of the blood.

Tubercles are also occasionally found, with their consequences, vomicae.

Another state, frequently observed, is engorgement or infiltration of the lungs with a dark colored fluid, which is ascribed to the inhalation of the fine black dust floating in the atmosphere during the operation of glazing.

On the mode of production of these lesions, or the order of their succession, observers are not agreed.

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*Nux Vomica in Epidemic Dysentery.* By W. M. CORNELL, M. D., of Boston, Mass.—(Charleston Medical Journal and Review.)

After the failure of most of the usual remedies of the materia medica, in this epidemic, I was led to look around for some other medicine, and in turning over the volumes of my library, I hit upon the following passage in the first volume of Dr. John Armstrong's Works, of London, page 419: "A friend of mine, Mr. George Vaux, of Ipswich, has tried a remedy for sixteen years, in about two hundred cases; and the result has been so successful, and so remarkably uniform, that I feel it my duty to mention the treatment here. This gentleman gives in dysentery, or inflammation of the mucous membrane about the colon, seven grains of nux vomica thrice, daily. It neither purges nor constipates, but removes the inflammation, and healthy evacuations follow. Mr. Vaux, who resides in London, bears similar testimony to the value of this remedy, and I strongly recommend it to your notice. I shall certainly try it in the next case I meet with. It seems to operate as a sort of specific. It was first mentioned by Hagstrem, and has been very much neglected since his day."

Upon reading the above, I immediately determined, under the circumstances above stated, to make trial of the nux. I did so. I gave it in the full dose of seven grains, thrice a day, to adults, and from one to three or four grains to children, in proportion to the age. The result was most happy. Not a patient who was treated with this medicine died. It was prescribed in ten cases, within three or four weeks, and all recovered. No cathartic medicine was given, except teaspoonful doses of the *bitartrate of potassa* in a few cases.

It would be presumption to say that this medicine is a per-

fect *specific* for dysentery in all cases. Indeed, I am far from having much confidence in *specifics* generally; but I feel constrained to say, that the above named medicine altogether exceeded my expectations, and I earnestly recommend a trial of it in dysentery.

I tried the *strychnine*; but on the whole, much preferred the *powdered nux* to that.

During the prevalence of the epidemic, I, myself, had an attack of the complaint. It was not very severe. I took the same medicine that I prescribed for my patients.

I had one case which was very severe and where I almost despaired of recovery, yet the patient did recover under the use of the *nux vomica*, and is now in excellent health. The *nux* was usually continued till it produced its characteristic symptoms, and at this period, and often before, it checked the disease.

If other physicians shall have the same success that I have had with this medicine, it will be more decided proof of its efficacy, and, I hope this communication may not prove entirely useless to the profession.

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*Influence of the Mother's Imagination upon the Production of Monstrous Children.* By Dr. BURDON. (Month. Retrospect, from Dublin Med. Press.)

It is a fact, that the workings of a strongly excited mind may produce very great changes in the body, either immediate or remote; but it may at the same time be observed, that this power of the mind is circumscribed within a limited circle, even within its own body. It may be felt in the several tissues, glands, and viscera; it may produce sympathetic irritations and nervous movements; but it has no constructive or creative power. Who, by an effort of his mind, could place another hair on his head, or add a cubit to his stature?

In forgetfulness of this and common sense, and only noticing the fact, that the mind of one individual cannot alter the body of another, it is asserted, that the little being within the womb cannot be considered as a foreign body with respect to the mother, but rather (in consideration of its connections) as a part of herself.

Dr. William Hunter examined very patiently the influence of the mother's imagination upon her still unborn child, and proceeded upon the right plan of investigation. In 2000 cases of labour, immediately on delivery, and before examining the child, he inquired of the woman whether, during her pregnancy, she had a longing for, or had been frightened by, or her thoughts

had dwelt on, anything particular for any length of time? He questioned her also as to her own ideas on the subject, as to whether she expected to find a mark on the child; if so, what kind, and why? All her answers were taken down in writing; and then he examined the child. He declares that though he found many children marked, yet in not one single instance of these two thousand did the answers or expectations of the woman agree with the result. Many expected a mark where there was none; and others had not thought of the subject, and had got through there term unnoted by any incidence when there was. Both the St. Hilaire, father and son, have been very assiduous in collecting the particulars of every recorded abnormal birth; and the latter asserts, as I have mentioned further back, that Dr. Martin's case is the only authentic one in which the woman said before her confinement that her child should be born marked, and her feelings proved to be correct. Thus it is clear how the numbers of instances have been collected to form such a large mass of evidence as proof of the truth of our subject. But when closely examined, the magnitude of this mass fades into insignificance. Remove the ample folds of its gossip drapery, and the giant becomes a dwarf. As I have myself mentioned a number of cases of monstrosities, in which the impression was made on the mind of the mother prior to the birth of the child, do I mean to deny the existence of cause and effect? Certainly not. Let us examine what constitutes the logical term, cause and effect. It is this: A certain act being always, or nearly so, followed by the same consequences. If occasionally the primary being present, the succeeding phenomenon does not appear, we readily admit that in such instances the usual cause is overpowered by some other cause. But be it remembered, that the exceptions must be few in comparison with the rule. Is such the case with the subject before us? No such thing. Every woman, I repeat, during her gestation of nine months, must have had her attention arrested by some object, or must have been struck by some one idea more forcibly or more frequently than by others, and yet, comparatively speaking, there are but very few children born with a blemish. How, then, are these facts to be explained which have occurred? I answer, the agreement between them is merely accidental, and cannot be looked upon as cause and effect. Every person has been struck by meeting with a number of remarkable fortuitous coincidences. If these were collected and set in a note-book, they should far out-number those which take place between mother and child.



*The Epidemic Cholera.*

The reader will reasonably expect a considerable portion of this No. of the Journal occupied with the all-engrossing subject of the epidemic, now committing its ravages over a wide extent of our goodly land. We at present occupy a position, having Richmond, Va. on the north-east, and Nashville, Tenn. on the north-west, within which points we have no cholera. Augusta still preserves its usual health, though at times there is considerable diarrhœa; a remark, we learn, alike applicable to every place and location from our sea-board to the mountains. In the selections on the subject, the editor has rather had to encounter *les embarras des riches* (a circumstance unusual in Southern literature) rather than to enter upon researches. He hopes the extracts may be profitable to the reader.—[EDT.]

*Remarks on Epidemic Cholera.* By FRED. B. PAGE, M. D., of Louisiana.—(Communicated for the Boston Medical and Surgical Journal.)

After all that has been said and written upon Asiatic Cholera, I am persuaded its whole character and management may be comprised within the compass of a nutshell; and I shall now proceed to narrate, as briefly as possible, the whole sum and substance of what may be necessary to the full comprehension of its treatment, confidently assuring the reader, from ample experience, and a close familiarity with the epidemics of 1832-3, and 1849, when my whole time and attention were devoted to it, that this formidable malady loses much of its terror when divested of its empiricism, and is subjected to the test of a simple and rational mode of cure. "Taken in time, it is the most curable of all dangerous diseases. If suffered to run into the stage of collapse, it is the most fatal."

Cholera, when fully formed, either from the duration of the disease, or the force of the symptoms which characterize it, has been well and simply divided into four stages or periods. Dr. Formento, of New Orleans, enumerates the following train of symptoms, as characterizing the several stages, which I transcribe for their simplicity and accuracy, giving, at the same time, under each head respectively, my own mode of treatment, which has proved generally successful, I may say in a multitude of cases, especially the past season, and all that could be expected even under the circumstances, if not all that could be desired.

1st. The period of incubation or excitement. Symptoms—

lassitude; anorexia; nausea; oppression or weight at the pit of the stomach; flatulency; abdominal pains, or tormina, especially at night; restlessness; thirst; white tongue; bitter taste in the mouth; colics; burning sensation in the stomach; pyrosis; vomiting; diarrhœa, without tenesmus; headache; vertigo; muscular weakness; twitchings; cramps, and ordinarily a slow pulse. This state may be prolonged from one to two weeks. It requires prompt attention. Taken in time, it furnishes the physician an opportunity of preventing the development of the disease, since nine-tenths of the cholera cases are preceded by some of the above sensations.

“The earliest manifestations of cholera, however, especially on its first invasion, are generally confined to irritation of the stomach and bowels, and in this state it is unquestionable that the mere exhibition of an anodyne, a cordial, or an antispasmodic medicine, is sufficient, in numberless instances, to stop the progress of the disease and effect a cure.” Abstinence from solid food, confinement to the house or bed, with a warm alkaline foot-bath, and warm aromatic, opiated, or camphorated drinks, &c., will usually ward off an attack, and restore the patient to health.

The symptoms of the disease often vary, notwithstanding, with the locality of a place, and the medical attendant will often find himself compelled, in the same place, and with the same patient, to adopt an opposite mode of treatment, and be astonished to find recoveries under these apparent contradictions. This is common with most epidemics, as is known to every practitioner. They rarely return under exactly the same form, nor yield to exactly the same remedies, in two successive seasons. “How erroneous, therefore,” says Rush, in one of his notes to Sydenham, “must that practice be, which is influenced by the name of the disease. Bleeding, purging, vomiting, and sweating medicines and opiates, all do good or harm, according as they are regulated or not, by its existing character. This should be studied anew by the physician every season.”

Epidemic cholera varied its character most strikingly in its former visitations to our cities. In 1832, nearly every patient that was bled was lost. This was the case in the epidemic spotted fever of former seasons. Bleeding in Asiatic cholera had been declared the very sheet anchor of the faculty in some European cities and was relied on greatly in the practice of several physicians upon this Continent, but death was the consequence. Upon the return of the disease in 1833, the lancet was resorted to, under added recommendations from the Southwest, and with *signal success*. Bleeding is now generally avoided, and with happier results, under a better acquaintance with the disease.

The present epidemic has changed its form frequently, according to locality and other circumstances, and often differs materially from the epidemics of 1832-3, in several important particulars. Generally speaking, it is of a milder type—the discharges are not so copious or profuse—the spasms are less severe and constant, while it has been observed that a much smaller number are restored after entering the stage of collapse, than at the former period.\*

“Cholérine, which is the simplest form of the disease, and which appears particularly at the commencement of the epidemics, or in individuals placed under the most favorable circumstances to become affected with it, is characterized by general indisposition, an unusual depression of the moral and physical powers, insomnia, epigastric uneasiness, a sensation of weight, and sometimes of heat at the stomach, feebleness of the pulse, which is small, soft, and more or less slow; nausea, borborygmi, a clammy dryness of the mouth; thickened, scanty, and high-colored urine, and alvine evacuations, often analogous in their nature and frequency to those of cholera, sometimes yellowish or colored with blood, but almost always mixed with white mucosities, accompanied in some cases by vomiting. Though cramps are sometimes observed, they are more frequently wanting, and the livid discoloration of the skin, with the phenomena of asphyxia, are never present.”

*Cholera sicca* has been among the common forms of the present epidemic in some localities, and has been very fatal. It is unaccompanied by evacuations, and on several plantations, in the South, has struck down the most healthy and vigorous; the more aged, and children, probably from less exposure to the cholera influence, having entirely escaped. This form of cholera is generally, though not necessarily, fatal.

*Cholera spasmodica*, or *foudroyant*, has also appeared on many plantations, and in several localities in the South-west. Individuals are suddenly attacked, with or without the precursory phenomena, with vomiting, diarrhœa, cramps and coldness, and die in one or two hours, even before the appearance of cyanosis. Sometimes death occurs without the evacuations having taken place, solely from the violence of the epigastric distress and cramps. Soldiers, when in full march, are attacked with vertigo and violent cramps, quit the ranks, lay down their arms, and die in two hours.† In 1832, between 90 and 100 negroes fell prostrate by this form of the disease on one plantation in Louisiana, in a single night, and died before morning. The past season several estates lost from 20 to 50 in a few days. Many were afflicted with violent spasms of the stomach and bow-

\* New Orleans Medical Journal.

† Tardieu's Lectures.



els, and abdominal muscles, without discharges, similar to what is commonly called cramp colic. In some cases all the voluntary muscles are violently cramped; the spasms recurred at intervals of a few minutes, not unlike tetanus."\*

M. Rayer has described, under the term "*état cérébral cholérique*," a group of peculiar phenomena, very distinct from those of inflammation of the meninges and brain, which supervene upon the cold period. This is a sort of prolongation of that period, with a diminution or cessation of the vomiting, alvine evacuations and cramps, and the development of cerebral symptoms; the skin continues cold or cool, the nose is cold, the tongue is yellowish, and sometimes cold; if there be injection of the eyes, it is only upon their inferior parts; the pulse is feeble, the head heavy, the countenance stupid, and in some cases the tint peculiar to cholera remains.†

In the *paralytic* form, described by Magendie and others, the chances of recovery are but little greater than in the *foudroyant* cholera.

In young children the disease often proves fatal under the characteristic symptoms of hydrocephalus, and is usually attended by worms in the first passages.

Let the physician, then, discard the name of cholera in his treatment of the disease, and when called to the bed-side of the patient come untrammelled by any specious reasoning. Let him investigate, as far as may be, the history of his case, and endeavor to detect the cause, and the attendant circumstances of its appearance. Let him be guided by sound common sense, a rare but inestimable quality in the practice of medicine, and use his medical knowledge, and apply the resources at his command, according to the existing necessity, and he may triumph where many fail, and only fail where none may triumph.‡

Asiatic cholera, says an astute observer, is a subtle poison—invading the organic life, and destroying it, so that decomposition often seems to begin before animal and intellectual life leaves the body. It is shocking to see those, in whom all that constitutes organic life has ceased except breathing, go on conversing in the full possession of their senses.

It depends on the poisonous nature of cholera that treatment is of so little avail. The writer has seen the emesis and catharsis cease, and that, too, where neither had been violent, for full twelve hours before death, and this without great prostration at first, yet the patient would steadily sink until death, without the disease for a moment appearing to be arrested by any of the appliances which could be used, whether external or

\* Buchanan.

† Tardieu.

‡ Brigham on Cholera.

internal, any more than the like symptoms can be arrested in a case of full poisoning by arsenic.\*

2d. Forming period, or period of invasion. A distressing sensation at the pit of the stomach suddenly ensues in the night or towards morning. All the symptoms previously enumerated acquire an extraordinary intensity; there is nausea, and vomiting of rice-watery fluid of a peculiar odor, somewhat resembling the vapor of iodine, in the first place serous or slightly bilious, afterwards of a matter termed *choleric* by Tardieu, which is liquid, whitish, grumous, or very uniformly troubled, sometimes resembling unclarified whey, sometimes a decoction of rice or oatmeal, sometimes thickened milk nearly clear, emitting an insipid spermatic odor, and sometimes presenting traces of blood or bile, and even worms.

The secretions, especially the urine, are suspended. The body and limbs are cold—first beginning at the nose, feet and hands, and gradually invading the trunk; the features are changed, and soon assume the cholera countenance; pulse rapid, from 120 to 130 in a minute; dyspnœa; great thirst, with a desire for cold drinks. This period may last some hours, or even a whole day.

*Treatment.*—Confine the patient to bed, order a hot alkaline or mustard foot-bath, and give a tea-spoonful of the following anodyne mixture, in hot camomile or ginger tea, every hour or half hour, till warmth and tranquility are restored. *R.* Comp. spts. lavend., spts. camphor, *aa* ʒss.; Hoffman's anodyne liq., acet. tr. opii, *aa* 3ij. *M.* The above remedy of Dr. Jackson, of Philadelphia, was first suggested to me by his former pupil, my friend Dr. Edward Duffel, Jr., whose name recalls to mind his probity and candor, and his indefatigable zeal to investigate and cure diseases, and his warm personal friendship. We used it constantly in our practice, and with the greatest satisfaction and success. It found its way afterwards into the hands of apothecaries, overseers and others on the plantations, and was among the most popular and useful remedies of the day. Its success in the earlier stages of the disease was quite prompt and gratifying. Dr. Buchanan, of Nashville, Tenn., speaks of the same, or a similar remedy, which he used almost exclusively in the premonitory symptoms, attended by pain and fulness of the stomach and diarrhœa, &c.

If the diarrhœa be urgent, give one of the Persian pills, composed of a grain each of opium, assafœtida and black pepper, and repeat every two or three hours or oftener if required. It seldom fails to arrest the disease. Apply a mustard plaster to the pit of the stomach, and use friction of ammoniated liniment

\* See this Journal for January, 1819.

and camphor, or cayenne pepper, absolute diet, and rice water, toast water, &c., for drink.

Opium in some form or other, according to the uniform experience of the profession, combined either with camphor or acetate of lead, or small doses of calomel, *is the sheet anchor in this stage of the disease*, to be followed by a little Champaign brandy and water, the latter to be used only on the attack and not freely as a preventive.

The following remedy of Dr. Teilman was used with good success in Russia, and more recently by myself and others, during the present epidemic in Louisiana, and the South-west. I received it from my intelligent and zealous young friend, Dr. A. Sigur, Jr., of Iberville, and have found it in practice very agreeable and very useful:—Take of wine of ipecac. and strong essence of peppermint, each two fluid drachms; Sydenham's laudanum, one fluid drachm; and ethereal tincture of valerian, half an ounce. Mix, and give as follows. From thirty to sixty drops, or a full tea-spoonful, every hour or half hour, in a little brandy and water, according to the age and condition of the patient, or the violence of the disease.

Or, take of pulverized gum guaiacum, cloves and cinnamon, each two drachms; laudanum, two drachms. Infuse in a pint of brandy, and give from one tea to one table spoonful every hour, or half hour even, till the disease is arrested.

Or—℞. Spts. camph., comp. tr. valerian, *aa* ʒj.; laudanum, essence peppermint, *aa* ʒss. M. Dose, thirty to sixty drops every hour or half hour.

Or—℞. Camphor mixture, essence peppermint, *aa* ʒiv.; tr. opii, tr. cinnamon, *aa* ʒj.; syr. ginger, ʒss. M. A table-spoonful at short intervals, according to the urgency of the symptoms.

Or—Take of tr. rhubarb, laudanum, spts. camphor, essence peppermint, equal parts. Mix. Dose for an adult, twenty to sixty drops, repeated every hour or two till the disease is checked. In some cases of diarrhœa, the dose may be gradually increased, and repeated until the desired effect is produced.

A few drops of spirits of hartshorn in cold water, repeated and followed by spirits of camphor every few minutes, has been found quite useful in controlling the forming stage of the disease.

The following pills, first used by Dr. Holyoke in some forms of diarrhœa and dysentery, some seventy years since, and more recently in *cholérine* by Dr. Graves, of Dublin, are quite effectual in almost all cases, if administered early. ℞. Plumb. acet., ʒj.; opii, gr. ij.; pulv. glycyrrhiz., gr. vj.; muc. acacia, q. s. M. Fiat pil. 12. Give one every half hour till the rice-watery diarrhœa begins to diminish, when the intervals between each pill may be gradually prolonged.



Or—℞. Hydrarg. cum. creta, assafœtida, *aa* grs. xv.; camphor, grs. xij.; opii, grs. vj.; oil black pepper, gtt. vj. *M.* Fiat pil. 12. Give one every two or three hours.

℞. Blue mass, pulv. kino, *aa* grs. ij.; camphor, opii, *aa* gr. ss. *M.* Incorporate the opium, kino and camphor, and then add the blue mass with treacle to form a pill. Give one every half hour or hour, till the diarrhœa and cramps cease.

A few hours after the vomiting and purging have ceased, and the warmth of the body is restored, a pill of two or three grains each of calomel, or blue mass, Dover's powder and quinine, may be given and repeated every three hours, till recovery takes place. Should the above remedies not be sufficient to control the disease, which in a large proportion of cases they will, bleeding in the feet, with calomel, opium and ginger, followed by calcined magnesia, &c., should be resorted to, with the addition of scarifying cups, sinapisms, &c., over the epigastrium, frictions, &c., and iced water given *ad libitum* to the patient. Iced water allays thirst, nausea and vomiting, and is most grateful to the patient. Warm, dry frictions are also useful, and the steam of alcoholic liquors may be applied to the patient's body and limbs, beneath the bed-clothes, by means of a tin tube attached to a spirit lamp.

The following cheap and simple substance for a *vapor bath*, will induce immediate and abundant perspiration. Take a piece of quick lime, about the size of an egg, and wrap round it a wet cloth, sufficiently wrung to prevent water running from it. A dry cloth is to be several times wrapped round this. Place one of these packets on each side of the patient when in bed. An abundant humid heat is soon developed by the combination of the lime with the water, which quickly induces copious transpiration; the effect lasting for two hours, at least. When sweating is fully established, we may withdraw the lime, which is now reduced to a powder, and is easily removed. In this way neither copious drinks, nor loading the bed with covering, is required.

The discharges from the bowels may often be arrested by giving, in connection with the astringent pills, injections of starch water and laudanum, or the compound sulphate injection of sulph. copper, sulph. zinc and alum, twenty grains of each, in four ounces of cold water, as recommended by Dr. Patterson, of Dublin. This may be followed, either in convalescence or in the sinking stage, by tepid enema of high seasoned beef-tea, to which flour, wine and laudanum have been added. Rapid recovery has often followed the above simple means.

If the disease commences like common *bilious* cholera, give acetate of lead and opium. or chalk mixture, with opium and

aromatic confection ; give effervescing draughts with camphor, or calcined magnesia and paregoric, or tar water, to allay vomiting, and keep the patient warm in bed, and the next day give a large emollient injection. But if the more severe and characteristic symptoms come on, or if there is great debility from the first, and cramps and coldness of the skin are observed, bleed largely if the pulse will allow, and give calomel, opium and quinine, as above recommended, in large and oft-repeated doses, till the secretions are changed and re-action has taken place. If there be great prostration and frequent spasms, with oppressed breathing, give a few minims of chloroform on a sponge or handkerchief, and repeat immediately, if necessary, increasing the dose according to circumstances. Give *internally*, also, *six drops of chloroform*, with about *forty of oil of turpentine* in brandy and water. Bleed gently if re-action, after the use of chloroform, is excessive.

Petroleum, it is said, may be advantageously given in this stage of the disease. Petroleum Barbadosense—or Texas petroleum—for it is found equally abundant and pure in one of the counties of Eastern Texas—and I have often picked it up in large indurated parcels on the beach near Galveston. This is the chief ingredient in the elixir Worenèje, employed so generally and successfully by the Russian physicians and many surgeons in the East. It is given in *diarrhœa cholericæ*, in the dose of from five to ten drops, in a little brandy, white wine or mint tea, taken cold. A single dose usually suffices to arrest the complaint. The diet should not be too strictly, but carefully, regulated. In completely developed cholera of a deadly nature the cures are not so constant, and from fifteen to twenty drops of the naphtha or petroleum are to be given at a dose. If vomited up, the dose should be repeated. A second is rarely required, if the first is retained. It acts speedily on the skin and kidneys, and removes the cramps. It is a pure hydrocarbon, and a mild though effective stimulant, antispasmodic and antiseptic, supplying the system with its due proportion of carbon for excretion, and preserving the frame from the rapidly fatal effects of this horrible disease, by evolving carbonic acid from the lungs.

If the diarrhœa be accompanied by pain in the bowels, opium should be conjoined with it. In the cold, blue stage, accompanied by cramps, &c., it has even proved successful—while it relieves almost instantly the tympanic condition of the bowels, so often present in the disease.

The crystalline substance named naphthaline, which is the purest hydro-carbon, may be given in the form of pills, in one or two grain doses, with opium, aromatic confection, &c. The

petroleum may be given in the following form, as recommended and used by Dr. Tunstall, of Bath, England. Take the yolk of one egg, and amalgamate with it a tea-spoonful of the petroleum, and to it add forty drops of the aromatic spirits of ammonia, filling a wine-glass with equal quantities of brandy and water; and this dose may be repeated according to the emergency of the case. It is quite probable if the physicians of La Baca and San Antonio, in Texas, had been familiar with this remedy, so near at hand, the disease which raged there with such frightful and deadly severity, would have been more within their control, and many valuable lives might have been saved.

I notice this remedy especially here, as it becomes every physician and army surgeon to be familiar with all known and available remedies, and have them at hand, at a moment's call, wheresoever his services may be demanded, either on the march or in the camp; and especially in the far-west, where the scourge is now sweeping multitudes away with the "besom of destruction."

3d. Cold stage, or period of collapse. The algide, or cold stage, rapidly progresses into the cyanose or blue stage, or confirmed collapse. The aspect of the countenance is completely changed; the complexion is of a violet or indigo blue color, the extremities and sometimes the whole body assuming the same appearance. The nails become livid and almost black, the fingers wrinkled, and the genital organs retracted. There is extreme prostration; the pulse is imperceptible, and the motions of the heart abnormal, or have nearly ceased. Respiration is oppressed; voice husky and low—the *sepulchral* of Broussais, and *cholérique* of Russia, &c.; the breath cold; tongue blanched, or *cotonneuse*, and icy; feeble cramps, and cold, clammy sweat; eyes half closed and sunk in their orbits; pupils dilated; limbs stiffened. The patient, in one word, according to the expression of Magendie, *cadaverized*, and manifesting only slight respiration, with a few suppressed groans—and the intellectual faculties entire. The disease soon becomes aggravated, and death ensues, often without convulsions, and almost unperceived.

In the most deadly form of cholera, says Dr. White, there is a tone of voice, or wail, which, once heard, can never be mistaken: by him upon whose ear it has fallen in the accents of anguish, it can never be forgotten. I have always found it the certain prognostic of death. This period is the most fatal. In this stage of the disease, little effectual can be done but to leave the case to nature. Whatever treatment may be adopted, will avail but little. The patient is already doomed. Life is ex-



hausted, and art is powerless. Nature, assisted by art, however, has sometimes triumphed. Some cases have recovered from the use of ice internally, or ice or cold water simply, externally applied; while others have recovered from the application of the wet blanket wrung out of hot water, and baths of hot pepper and water, &c., after all other means have failed. There is, therefore, hope till the last, and these means may be adopted as a *dernier resort*.

In order to rouse the patient from this sinking, cold stage of cholera, and produce re-action, great confidence has been placed in the salt emetic, two table-spoonsful dissolved in half a pint of water. It may be rendered more certain and stimulating by the addition of a tea-spoonful of the flour of mustard. This generally produces speedy and forcible vomiting, followed by more or less re-action. A large injection of hot salt water is highly praised by many. Ice and iced water may be allowed the patient *ad libitum*, in this stage of the disease, while great benefit is often found by rubbing it on the surface.

Whenever we fail in checking the disease at first, we have no resource but to treat urgent symptoms, and they must always be met with decision as they occur. The patient ought never to be left a moment without an attendant who is capable of acting according to circumstances, and who may take advantage of any and every change. The most decidedly favorable symptom in this stage of cholera, is a full and easy secretion of healthy urine. On this symptom we may rely with safety, and without it we can never with confidence offer a favorable prognosis.

4th. Period of re-action, or crisis. The pulse returns to the extremities—the motions of the heart are renewed, and heat returns. The blue, turquoise color disappears from the limbs—the face and eyes are re-animated—the breath is warmed, the respiration becomes regular, and the voice regains its natural tone. The cramps disappear altogether, or occasional twitches only occur. The vomiting ceases, the evacuations become bilious, warm perspiration ensues, and the urine becomes free and is increased. Should the above condition not ensue on convalescence, unfavorable congestions of the stomach and bowels, of the chest and heart, &c., follow, and the disorder then takes on the form of adynamic or typhoid fever. “The treatment in the stage of re-action, or in the true cholera fever, will be regulated by the evidence of inflammation and congestion in the important organs, such as the brain, lungs, liver, and gastrointestinal surface,” &c.

We may remark, in conclusion, that cholera unaccompanied by evacuations—*cholera sicca*—is almost always fatal. Here

chloroform, or *very hot water*, internally and externally, may be used. Professor Jackson, of Philadelphia, tells me that he saved two cases of this kind in the former epidemic, by the use of hot water, in large and repeated draughts and fomentations, as suggested to him by previous successful practice in gout of the stomach. The strongest testimony in favor of warm water, perhaps, is that given by Dr. Sturm, a surgeon in the Polish army. It consists in nothing else than giving to the patient as much warm, nearly hot, water as he is able to drink, in the quantity of a glass full every fifteen or thirty minutes. By the time he has taken fourteen glasses, the cure is complete, with the exception of a slight diarrhœa, which it is not proper suddenly to suspend. The effects of this plan of treatment are so quick and effectual, that in two hours, and often sooner, the patient is well, particularly when it is commenced with sufficiently early.

During the epidemic influence, all persons who are exposed, should be particularly on their guard. Avoid unwholesome food, and all excess either in eating or drinking. Avoid all undue excitement, both of mind and body, and exposure to damp or night air. Atmospheric changes especially control the disease; therefore full and free ventilation is important. The use of cooling purgatives, such as Epsom and Glauber's salts, and Seidlitz powders, should be guarded against; they become dangerous at this time, in whatever quantity they are taken. Drastic purgatives, of all sorts, such as senna, colocynth and aloes, ought not to be employed, except by special order of the physician. No harsh medicines will do in cholera; all must be of the mildest description—and, above all, they must be such as will be relished and desired by the sick, and such as can be constantly taken for the relief of the urgent, destroying thirst constantly present from the commencement of the disease. The wishes of the patient, moreover, should be strictly attended to. Nature is the best physician. If he wishes for cool air, or cold water, he must have it; if he wishes to be covered up, he must be so. Many perish from being too much covered up at first, when the fresh air would revive them.

A flannel bandage, impregnated with camphor spirits, and worn round the body, as recommended by my father in the treatment of epidemic spotted fever, is of great use. It gives support to the bowels, and patients often find from it the greatest relief.

Throughout the whole period of the disease, and during convalescence, the mildest and most nourishing food only should be allowed—as arrow-root, barley-water, rice-gruel, black tea, toast-water, chicken-water, &c., with cordial drink, brandy and water, port wine negus, wine whey, &c.

Relapses are to be especially guarded against, as they are generally fatal.

Epidemic cholera, in all its forms, runs its course with great rapidity; and if it be considered that almost everywhere more than one half the patients have died, it will be at once evident how few are the chances of recovery from this terrible disease; it is precisely these chances which it remains for us to appreciate.\*

There are two points in regard to epidemic cholera, still *sub judice*, which are quite important and interesting—the former to New England, especially, and the latter to the whole community. I mean its extent or *locality*, and its *nature*. It is contended, and with some plausibility of truth, that cholera does not extend into the districts of primary formations, or the granite regions. But in answer to this, several of the French savans, and among others Tardieu, have come to the conclusion that “all that has been written to prove that cholera is more prone to attack those soils which are identical in geological constitution, is in manifest opposition to numerous contradictory facts.” Again, it is said that *ozone*, a peculiar modification of oxygen gas, is the sole cause of cholera, and that sulphur is the antidote. Ozone, to which Dr. Bird ascribes the cholera, was discovered by Professor Schonbein, the inventor of gun-cotton. It is generated by the passage of electricity through air, and is the cause of the peculiar odor perceived during the working of an electric machine, or after a flash of lightning. The question has been often asked, what is ozone? We answer, in the words of Berzelius, “We have thus arrived at the highly important result that *ozone* is no peculiar element, nor any combination of known elements, but is oxygen gas peculiarly modified.”

But cholera is independent of all atmospheric changes; and meteorological conditions and vicissitudes seem to have but slight influence on the disease. At St. Petersburg, the cholera seems to have showed itself comparatively independent of temperature, barometrical changes, and electrical vicissitudes. *Re-agents did not in the least indicate the presence of ozone in the atmosphere.*†

Now, what, we may ask, becomes of the new theory, and how, in this case, is *sulphur* to operate in curing cholera? Will it not follow its predecessors, and speedily descend to the “tomb of all the capulets?”

I have little faith in any of the thousand and one popular and specific medicines now in use for cholera, and I believe many have fallen victims to their abuse, who would otherwise have

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\* Tardieu.

† Medico-Chirurgical Review, Jan. 1849.



recovered under proper professional treatment, adapted to the peculiar symptoms of the several forms and stages of the disease. It would be absolute madness, indeed, to trust a confirmed cholera patient to a few drops of camphor spirits, or three grains of *sulphur and charcoal*.

He who depends  
Upon such favors, swims with fins of lead,  
And hews down oaks with rushes.

Larger doses of these medicines might be all very well in simple cases, if many of the most simple did not, in fact, turn out to be the most suddenly fatal. Such cholera as we are most familiar with in the South and West is not to be trifled with, nor to be arrested and cured by specific treatment. Camphor, chloroform, naphtha, guano, Worenège, *sulphur*, and other boasted specifics, display but their pigmy strength when grappling with this fell destroyer. A remedy for malignant cholera is yet to be discovered.

The above general observations on epidemic cholera, by no means wholly original, or novel to the profession, are hastily thrown together, in advance of a more comprehensive treatise upon the subject, for the benefit of the community, again suffering under this wide spread and terrific scourge—with the confident hope that they may be available for much good, and save a multitude of lives. My familiarity with the disease has been long and painful, through three several epidemics, and though my success has been as flattering, perhaps, as most of my compeers, none of us, I apprehend, can boast much above that which is written.

*Report on Cholera, made by a committee appointed by the Medical Society of Charleston, So. Ca.*

MEANS OF PREVENTING OR MITIGATING THE EPIDEMIC.—All suggestions relating to this head, must be deduced from a consideration of the causes of the disease. Of the nature of these causes, it has been affirmed above that we know nothing. But there are numerous collateral influences which exercise a powerful agency in giving efficiency to them, and which, being known, and many of them within our reach, demands of us a careful consideration. They all pertain to the heads of the public or private Hygiene, or general and special health police, and may be conveniently considered under the following divisions:—1. *Accidental vitiations of the Atmosphere.* 2. *Food and drinks.* 3. *Clothing.* 4. *Exercise and bodily occupations and pursuits.* 5. *The intellectual operations and the passions of the minds.* 6. *Residence.*

a. The sources of Atmospheric vitiation are so numerous,

and at the same time so obvious, that they claim a prominent share of our attention. The streets, lanes and alleys of the city, the docks and wharves, the markets, stores and places of business, the drains and common sewers, uninhabited and low lots, sinks, and pools of stagnant water, private residences, kitchens, the apartments of servants, stables, yards, privies, pump drains, &c., all present so many points for the accumulation of filth, and the consequent generations, under a neglect of cleanliness, of deliterious Atmospheric vitiations, that they should claim the serious attention of both the health police and of every private individual. No means of purification, disinfection, and general melioration should be neglected, and in this important work, designed to secure the general safety, all should co-operate with zeal and assiduity. The efforts of the public authorities must, from the nature of circumstances, be confined chiefly to the outside arrangements, and however important they may be, they will avail but little unless seconded by a concurrent attention on the part of the citizens generally to the state of their premises.

The streets, market places, drains, and places of business, where filth is liable to accumulate, should be kept thoroughly clean; low lots, and other places, should be filled up; stagnant water should be drained off; and no putrid vegetable or animal matter, decayed fruit, or filth of any kind, should be allowed to accumulate in the streets or elsewhere. Disinfectants, as quick lime, chloride of lime, chloride of soda, &c., should be liberally applied in the drains, and all other situations where their employment can prove serviceable; and while these points are duly attended to out of doors, a rigid and thorough process of purification and disinfection should be carried out on our premises. Dwellings, kitchens, servants apartments, outbuildings generally, cellars, fences, &c., should claim special attention in the way of scouring, white washing, and thorough ventilation. Proprietors and heads of families cannot be too scrupulous in giving their personal attention to these points, especially so far as servant's apartment's are concerned. The habits of many of our domestics are so lamentably deficient in the principles of cleanliness, that nothing short of a rigid and unremitting surveillance over them can prevent an accumulation of filth about their apartments, both noisome and dangerous to health. A liberal supply of quick lime should be thrown into all sinks, privies and drains, and strewed about the premises generally. Rooms should be sprinkled, from time to time, with chloride of lime or chloride of soda, or fumigated, by pouring occasionally a small quantity of oil of vitrol upon common salt, distributed in plates about the apartments.

Chloride of lime, chloride of soda, or sulphate of iron in solution, should be thrown, with a liberal hand, into privies, sinks and private drains, so as to thoroughly disinfect their noisome exhalations. \* \* \* \* \*

b. There is, perhaps, no epidemic, during the prevalence of which, a due attention to diet, and habits of living, is more important to be observed, than in cholera. At such times, the entire population seems to be more or less predisposed to the disease, and the slightest imprudence in diet, either as regards quantity or quality, is often sufficient to bring on a fatal attack. Temperance, sobriety, and regularity in all things, may, therefore, be justly regarded as the most effectual means of prevention. While persons who are, at all times, temperate in eating and drinking, should be careful to make no important change in their mode of living, especially in the way of reduction, they, as well as others, should avoid certain articles of food, and other disturbing causes. The prohibition should extend to all fruits and vegetables—to pork, fish, crabs, shrimps, lobsters, and oysters, and as far as drinks are concerned, to avoid acid and acescent beverages, as beer, cider, lemonade, &c. The diet should consist mainly of animal food, such as beef, mutton, poultry and game, with rice, or sound, wholesome, well beaked bread. Highly seasoned dishes of every kind should be carefully avoided, and the viands to be consumed, should be plainly cooked, in general either roasted, broiled, or boiled. Pure water is of course the most wholesome of all drinks, but those who have been in the habit of taking wine, or spirits, temperately, with their meals, should make no change in this respect. The same remark will apply to tea and coffee; but habits of temperance, irregularities, and excesses of every kind, should be carefully shunned. They derange the healthful functions of the body, enfeeble the vital powers, and by impairing their ability to resist the influence of disturbing causes, become a fruitful source of disease.

c. The subject of clothing does not demand any extended remarks. It should be carefully adapted to the varying conditions of the atmosphere, in point of temperature, moisture, &c., so as to effectually guard against any sudden disturbance of the healthful action of the skin, which always exercises great influence in developing disease. In this view, it might be well, especially for those of delicate frame, to wear flannel next the skin. Too much caution cannot be observed in avoiding wet clothes and damp feet.

d. In the regulation of exercise, and the bodily occupations generally, fatigue and exhaustion should be carefully avoided. Unnecessary exposure to the hot sun, to wet and damp



weather, and the night air, should be sedulously guarded against, as should also long walks, fatiguing excursions, and crowded assemblies. But as moderate exercises, rational amusements, and a due amount of sleep, cheer the mind and invigorate the body, individuals should avail themselves of these salutary influences.

*e.* No truth is better established, than the influence of the depressing passions in the development and extension of epidemic diseases, and no duty can be more important, on the occasion of such calamitous visitations, than the cultivation of a perfect security of mind, and an abiding confidence in the wisdom and beneficence of an overruling Providence, which cherishes while it chastises, which presides over, and protects, and ordains all things for the best. It has been truly remarked, that panic destroys more victims than cholera, and the result of general experience is, that while calmness and tranquility of mind contribute greatly to avert the ravages of pestilence, the depressing passions—fear, grief, anxiety, &c., promote its extension. Another dangerous error is, an overweening confidence in the efficacy of the numerous nostrums, puffed and lauded by quacks and unprincipled persons, as preventives of Cholera. Such individuals, in thus pandering to human credulity, minister to their own base cupidity.

It should ever be borne in mind, that the most certain means of prevention are, a strict observance of the precepts of Hygiene, and a careful avoidance of the excitant causes of the disease.

*f.* Residence, considered in relation to cholera, is a subject of great importance. It has been observed already, that the disease seldom prevails in a sparse or isolated population. This fact suggests an important precept in regard to the negro population on our rice and cotton plantations. As soon as the disease appears in such a situation, isolation should be immediately resorted to, and while every attention is devoted to comfort, cleanliness, diet, &c., if no better arrangement can be made, the people should be at once encamped upon some high, healthy, and dry pine land situation. This procedure cannot be too strongly recommended. Within the knowledge of the writer of this report, it has been tried on previous occasions, and found eminently successful.

4. GENERAL DIRECTIONS FOR THE TREATMENT OF CHOLERA.—While it would be absurd to attempt to prescribe any special rules for the treatment of cholera, and dangerous for the community to rely implicitly, upon any such directions, in the management of a disease of such fatal tendency, it is nevertheless important, when the loss of even a short space of time may

be followed by such serious consequences, to suggest some general rules, which may be advantageously acted upon, in case of a sudden attack, until medical aid can be obtained. In every case, however, a Physician should be immediately sent for, on the first intimation of the invasion of the disease.

*a. TREATMENT OF CHOLERINE.*—Previous experience has fully shewn, that during the prevalence of a cholera epidemic, a large proportion of the population is affected with more or less derangement of the digestive organs—usually in form of oppression, or sickness at the stomach, deranged appetite, diarrhœa, with griping pains, and general abdominal uneasiness. To this assemblage of symptoms, the term *cholerine* has been applied—a condition which should never be neglected, as when it once takes place, it is liable at any moment, to be converted into an open attack of cholera, with all its direful consequences. In all such cases, the diarrhœa should be arrested as soon as possible. To effect this end, the individual may take at once, fifteen or twenty drops of Laudanum, combined with some stimulating aromatic tincture—as for example, a teaspoonful of camphorated spirits, the same quantity of tincture of ginger or cayenne pepper, comp. spirits of lavender, comp. tincture of cardamon, or a weak infusion of cayenne pepper—to be repeated, if necessary, in half an hour, or an hour, and continued until relief is obtained. The following pills have been much used under the same circumstances, and it is affirmed with great benefit: take of sugar of lead twenty grains, opium two grains, mix and divide into twelve pills—one of these may be given, at first, every half hour—then at longer intervals, until the diarrhœa is checked. But while these means will generally relieve the immediate difficulty, there will be a constant tendency to recurrence, unless measures be resorted to, to restore the suspended secretions of the liver. With this view, a pill composed of three grains of blue mass, half a grain of opium, and half a grain of camphor, may be advantageously administered every two or three hours.

The patient should remain at home, in a state of repose; apply mustard or pepper plasters to the abdomen, and confine himself to a diet of arrow root, sago, or tapioca—carefully avoiding all solid and indigestible food.

During the prevalence of cholera, the ordinary purgative medicines should be scrupulously avoided, except under the direction of a physician; and this should be especially the case with the neutral salts, magnesia, castor oil, and the more drastic articles generally. It has often happened, that the operation of even a mild purgative, has excited an attack of cholera in an individual, who had previously manifested no symptom of the disease.

**b. THE TREATMENT OF CHOLERA PROPER.**—The invasion of cholera is exceedingly variable in different cases. Most frequently preceded by diarrhœa for several hours—sometimes for several days; it nevertheless occasionally invades at once, without any previous warning, with all its characteristic symptoms. These are, usually, violent vomiting and purging—the fluid ejected resembling water in which rice has been boiled, and contains numerous small white flakes, or particles; twisting and griping pains of the abdomen; cramps of the stomach; spasms and cramps of the muscles of the abdomen and limbs; a general coldness of the whole surface of the body, especially of the extremities; intense thirst; shrivelling of the skin, which is covered with cold, clammy sweats; sinking of the eyes and cheeks, which become hollow and ghastly; and a feeble, fluttering pulse. As the stage of collapse approaches, an icy, coldness diffuses itself over the surface; the tongue and breath become cool; the skin assumes a lurid, livid aspect, and the individual falls rapidly into a profound state of listlessness and indifference, his frame being, from time to time, agitated by frightful spasms and contortions. To prevent and control this direful train of consequences, the following rules should be observed:

**1. TO ARREST THE DISCHARGES AS PROMPTLY AS POSSIBLE.**—This may be accomplished by various means, and the safety of the patient depends upon its being done early. When the attack takes place upon a full stomach, and spontaneous vomiting does not ensue, it will be advisable to evacuate the organ at once, by means of a salt and mustard emetic. A tablespoonful of common salt and teaspoonful of mustard, dissolved in a half pint of warm water and swallowed at once, will usually produce the desired effect, without prostrating the patient.

Various means may be employed to arrest the discharges. Those recommended above for the treatment of cholérine, repeated every half hour, as long as necessary, will very generally succeed. But it has been found better, in most cases, after administering one or two doses of laudanum, with the additions advised above, to resort at once to the use of the following pills, or something equivalent. Take forty grains of calomel, twenty of cayenne pepper, twenty of camphor, and two grains of opium, and after duly mixing them, divide the whole into twenty-four pills. One of these may be given at first every half hour—then every hour or every two hours, until the vomiting and purging are arrested. This combination not only tends to suspend the discharges, but also to allay the pains and spasms, overcome congestion, and restore the secretions of the liver.



When the discharges by the bowels are profuse and repeated in quick succession, a strong astringent injection should be immediately resorted to. An ounce of oak galls, or the same quantity of oak bark, should be boiled in a pint of water, and a gill of this, with thirty drops of laudanum, should be immediately thrown into the rectum, and there retained, when the instrument is withdrawn, by means of a compress held firmly against the part, for ten or fifteen minutes. This may be repeated, if necessary. While these means are being resorted to, the patient should be confined to bed. Large mustard, or pepper plasters should be applied to the abdomen and extremities, while stimulating frictions are made to the whole surface of the body.

2. TO OVERCOME CONGESTION AND PROMOTE REACTION.—Cholera is always associated with congestion of the internal organs, which, if not speedily removed, will keep up the discharges, and hurry the patient into a state of collapse. The pills recommended above, will contribute materially to overcome this congestion. They should, therefore, be continued, even after the vomiting and purging have ceased, but need not be repeated oftener than once an hour, or once in two hours. At this juncture, it may be useful, in some cases, to increase the calomel in each dose, to five grains, the other ingredients remaining the same. The effects of the opium, however, should be carefully watched, and as soon as any evidence of its stupifying influence is perceived, it should be immediately withdrawn. Collapse is often brought on by over doses of anodynes, and persons should be cautious not to use opium, in any of its forms, to such an extent as to incur this risk.

The next most important means of fulfilling this indication is, external stimulation. This can be most effectually secured by mustard and pepper plasters, already referred to; stimulating frictions; and the application of dry heat. Spirits of turpentine, tincture of cayenne pepper, powdered cayenne pepper, incorporated with mercurial ointment, will be very useful for this purpose. The writer of the Report can confidently recommend the following liniment, as a very useful means of external stimulation. Take of strong cayenne pepper, three ounces; strong powdered mustard, one ounce and a half; gum camphor, half an ounce; powdered cantharides, three drachms; and alcohol, a pint. Digest for several days—then strain, and add of spirits of turpentine, six ounces. This may be rubbed over the whole surface of the body and limbs, and the frictions should be frequently repeated, as long as the skin remains cold.

Dry heat may be conveniently applied about the patient, by means of bags filled with heated salt, sand, or corn flour, but far

more efficiently, by tin vessels filled with hot water, so fashioned as to fit accurately the surface of the body and limbs. Three of these will be useful, viz: a broad one for the abdomen, and two long ones—one for each of the lower limbs. They should be convex on one side, and concave on the other, as to fit accurately to the part.

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When, notwithstanding these means, collapse, or sinking, takes place, or where the disease seizes, from the first, with such violence, as to run rapidly into this condition, the state of the patient is deplorable, yet not hopeless. He should not be abandoned, even under these unfavorable circumstances, but all proper means for his restoration should be continued perseveringly, and unremittingly. The body being now cold, the wrist pulseless, the skin blue and shrivelled, the tongue and breath cold, the intellect listless and indifferent to all surrounding objects, and the whole frame agitated with frightful cramps and spasms—every thing seems to indicate that life has reached its lowest ebb, and that active stimulation alone can maintain its existence. In regard to the propriety of internal stimulation under such circumstances, there is a difference of opinion amongst the profession. The writer of this Report has generally found it either useless or injurious. He has seen more cases of collapse recover under the use of external stimulants, quietude, and ice frictions over the whole surface, than under any other treatment. No one but a Physician, however, can be competent to act in such a case, and every thing must be left to his judgment and discrimination.

3. TO RESTORE SECRETION AND REMOVE THE EFFECTS OF DISEASE.—But little need be said under this head. It will always be found, that even after the disease has been arrested, the secretions of the liver, and of the digestive organs generally, will remain more or less suspended or perverted, until these derangements are corrected. The patient will not convalesce readily. Indeed, it will frequently happen, after reaction has taken place, that fever of several days continuance will supervene, presenting all the characters of common Typhoid fever, and requiring the same treatment.

To restore healthy secretion, it will be necessary to administer, three or four times a day, five grains of blue pill, or two or three grains of calomel, either alone, or combined with the same quantity of rhubarb, aloes, or compound extract of colocynth, until the operations assume a bilious character.

During the early stages of the disease, nothing in the way of drinks or nourishment, should be taken into the stomach; but to allay the raging thirst, small pieces of ice should be held in

the mouth. As soon as the first stage has passed, the discharges having been arrested, and the stomach rendered retentive, the patient may be allowed arrow root, tapioca, sago, &c., in small quantities.

In closing this Report, it is felt to be a subject of grateful felicitation, that, however, while many sections of the Union, under the afflictive dispensations of Providence, are suffering all the calamities of a fatal epidemic, our own State and city have thus far been spared; and while we sympathise with our afflicted fellow-men elsewhere, we should devoutly pray Almighty God, in His mercy, to continue to us the high degree of health which we at present enjoy, and avert the pestilence from our shores; but, if in His infinite wisdom, it should be deemed fit that we should participate in the ills which have already sown sorrow and desolation amongst our neighbors—then let us be prepared to meet the emergency with calmness and resignation—putting our trust in the Supreme Ruler of the universe, and using, with becoming diligence, all the means He has given us of cheering, aiding, and comforting each other under our afflictions.

E. GEDDINGS, M. D.	} Committee.
THOS. Y. SIMONS, M. D.	
ELIAS HORLBECK, M. D.	
JOHN BELLINGER, M. D.	
P. C. GAILLARD, M. D.	

*Letter from the distinguished Dr. CARTWRIGHT, formerly of Natchez, now of New Orleans, detailing his theory and treatment of Cholera—his recent experience in New Orleans—the results of Post-mortem Examinations, etc.*

NATCHEZ, May 28, 1849.

\* Dr. JOHNSON—Dear Sir: On a flying visit from New Orleans to this place, your favor of the 21st directed to me here, reached me, and I hasten to send an answer, as I return to New Orleans to-day. I have removed to that city—I went there soon after the cholera made its appearance. I served an apprenticeship in the Hospital before I commenced, and attended numerous post-mortem examinations of those who had died of cholera. The gall bladder was invariably distended with black bile, the liver congested, and the great veins leading to it. The pulmonary arteries were very much distended with a black thick blood, and the right side of the heart and vena cava as full as they possibly could hold with the same black, thick fluid. The pulmonary veins had no florid blood in them. The heart contained oyster-looking substances showing that the blood had undergone a chemical decomposition. The thoracic duct was



empty, and every cavity contained a rice-water looking fluid. The contents of the alimentary canal might well be denominated white blood, as they agree with blood in all their chemical properties. This was owing to their being composed in a great manner of the contents of the thoracic duct. The urinary bladder, the uterus, and even the fallopian tubes, contained rice-water, owing, no doubt to the watery portions of the arterial blood having percolated from the exhalent capillary arteries instead of going into the veins. I then commenced practice. I have been practising medicine in New Orleans upwards of seven months. I have had cholera cases every day, and some days a good many cases. I have only lost four cases in all, none of whom had any pulse when I first saw them. I have cured every one to whom I have been called before the pulse failed. I now proceed to answer the question you put to me: "What is the best prescription or course of practice in a case of cholera?" Give the patient instantly 20 grs. Hydrargum cum creta, 20 grs. best cayenne pepper, 10 grs. gum camphor, 15 grs. calcined charcoal, 15 grs. gum Arabic, mixed together in two table-spoonsfuls of cold water, and cram a wet towel in the mouth to take away the burning taste and prevent vomiting. The patient should swallow the above dose quickly, and the whole of it without stopping to taste it. He should lie down and cover up and keep down. The doors and windows should be opened to give fresh air to fan and feed the combustion in the lungs which burns slowly in cholera, i. e.: the change from black to red blood does not go on as in health, and the temperature falls. A jacket or a flannel shirt wrung out of scalding water and rolled into a ball as large as a child's head until it will not drip should be wrapped in a dry cloth and applied over the stomach and bowels, as hot as it can be borne. Bottles filled with hot water should be applied to the extremities. Five minutes having elapsed from the taking of the powder, a spoonful of hot sage, balm, mint or chamomile tea, to be given to the patient from time to time, with a table-spoonful of cold water or a tea-spoonful of pounded ice alternated with the hot tea. Now look out for perspiration. From 10 to 15 minutes after the powder is taken perspiration is generally established. If in 10 the patient is safe. Nothing more is needed but to give warm teas, or any warm fluid the patient likes best, in sufficient quantities to allay the thirst, and support the sweat. The sweat should be kept up six or eight hours—then gruel to assist the Hydrargum cum creta to empty the gall bladder. Then the circulation will go on through the liver. The vena portarum will be released from its plethora, and the serous part of the arterial blood will no longer be poured from the exhalent arte-

ries, but find its way into the portal veins. The revulsion to the surface will cause the absorbents to suck up the fluids taken into the stomach, and the pouring back action will be arrested. This sucking up action caused by the sweat will restore the natural fluidity of the blood. When the sweat is established stimulants are unnecessary, or hurtful, as they may stop it. To put back the lost water in the blood is the best mode of stimulating. I have thus described a case cured by one dose of medicine—a part of that dose might have been sufficient, you may suppose. A small dose might have fallen in with the disease and operated on the bowels. A large dose is a non-purgative because it is sudorific, revulses to the surface, starts a centrifugal action of the fluids and averts the centripetal action of the disease. But if one dose does not sweat, give another, or half a dose; if that does not do, bleed from the arm or cup freely over the epigastrium, and give warm stimulating drinks to force a sweat, and apply hot applications externally. Suppose the skin gets too hot under this high stimulation outside and inside, wash the patient all over with cold water to bring the system down to the sweating point if the pulse will not bear bleeding. Suppose the extremities are too cold to be compatible with healthy perspiration, warm them by hot applications and friction. Suppose the patient vomits the medicine, give a cup of chamomile tea, let him vomit that, and then repeat the medicine. Suppose he still vomits, then give one grain sulphate of morphine in a desert spoonful of camphor water, or half a grain if the cure is not urgent, and repeat after each stool or vomiting spell. As soon as the stomach is settled throw in 20 grains Hydrarg. cum creta, or 20 calomel. Give coffee if the morphine be used. You may think the dose large, but if opiates be used at all in cholera the doses should be four fold. Small doses do more harm than good. I give nothing to work the medicine off before the next day or the day after. A purgative before the aqueous parts of blood are restored is a dangerous thing. The medicine generally works itself off. Under this plan no secondary fever follows. But if stimulants be used after the patient begins to sweat, secondary pain is sure to occur. Stimulants until the sweat begins are all important—none are too strong. Fire itself is scarcely too strong. But when a sweat is established, all stimulants internally and externally should be suspended. Then diluent drinks to thin the blood are the best of stimulants. I often give mineral water, soda water, and even lemonade, for that purpose—any diluent or watery fluid that agrees best with the stomach. The patient cannot purge and sweat at the same time. The rice water in the bowels may run out after the perspiration is established, but more cannot

be poured into the bowels while the perspiration goes on, indeed the perspiration generally causes the rice water in the bowels to be absorbed. Very respectfully, yours, &c.

SAM'L A. CARTWRIGHT.

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### PART III.

## Monthly Periscope

*Sickness in Baltimore Alms-House.*—June 16, 1849. (To the Editors of the Baltimore Patriot.) Various and contradictory statements having been made through the daily press of our city, relating to a fever which has lately been introduced into the medical wards at the Baltimore Alms-House, we deem it our duty to say, that this fever is a highly malignant typhus, modified by climate, infectious in its character, but accompanied, in a large majority of cases, by intense jaundice, in this respect resembling typhus icterodes of systematic writers.

It has come to us only in the past three weeks, during which time forty-six cases have been admitted, and of these the very large proportion of twenty have proved fatal. The remainder are still under treatment.

It has been brought alike from every section of the city, and as yet has only occurred among the free blacks.

Thus far it has been much more grave among males than females, owing probably to differences of habits and occupation.

A large majority of cases have been fatal between the third and seventh day, and in some instances they have died a few minutes after admission, and three days from the date of seizure.

This disease is by no means confined to the worthless and abandoned, but has, on the contrary, frequently happened in individuals of temperate and industrious habits, whose means were adequate to provide them with wholesome food and sufficient clothing.

The point of importance, at present, is its infectious character. Two strong and healthy women, residents of the house, and employed as nurses, have taken the disease and died.

THOS. H. BUCKLER, M. D.  
H. WILLIS BAXLEY, M. D.

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*New method of reducing Dislocations at the Elbow backward.*—M. Maisonneuve, of Paris, placed the extending band directly upon the projecting elecranon of the ulna, then crossed it upon the anterior surface of the fore-arm, and again upon its posterior surface, to the end of which the force of extension was now applied. The reduction was readily affected.

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*Treatment of Cholera by Ipecacuanha and Calomel.* (Gazette Médicale de Paris.)—Prof. Spring, of the University of Liège, Belgium,



insists upon the use of Ipecac. in powder, 15 to 20 grs. doses every quarter of an hour until bile is vomited. If this is provoked (the vomiting of bile) 4 out of every 5 patients will be saved. Should cerebral congestion be produced by the vomitings, he bleeds cautiously. He next gives calomel in large doses, about 40 to 70 grs. every half hour, until green stools are obtained. Should the spasms be considerable, he combines camphor with the calomel in the proportion of 1 gr. camphor to 3 or 5 of calomel. During this internal administration of agents, the usual means of producing reaction on the surface must not be neglected.

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*Anti-choleric mixture of Stragonof.*—We find the following combination in the June No. of the Journ. des Connaissances Medico-Chir. It is said to have been used at the St. Louis Hospital of Paris, with some success. It is employed in the last stage of cholera, when even the pulse is extinct. The dose is 15 to 40 drops in a wine-glass of some generous wine, and may be repeated two or three times, half an hour apart. Take, Etherial Tincture of Valerian, 4 3.

Tincture of Nux Vomica,	-	2	3.
Hoffman's Liquor,	-	-	4 3.
Tincture of Arnica,	-	-	2 3.
Essence of Mint,	-	-	1 3.
Tincture of Opium,	-	-	3 3. Mix.

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*Injection of Water into the Bladder in Cholera.* (Gazette Médicale de Paris.)—Prof. Piorry (4th June) mentioned to the Academy of Sciences, that a student had injected two pints of water into the bladder of a patient laboring under cholera. He says the effects were that the veins became full, the pulse was developed, the heart and liver were augmented in volume, and the condition of the patient was infinitely better.

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*Valerianate of Zinc in Chorea.*—About the middle of April I was called to see Anne P——, nine years old, a delicate child, afflicted most dreadfully with chorea; she could not talk, walk, nor even stand alone. I gave her a smart purgative, and after the bowels had been well cleared, ordered her a grain of valerianate of zinc three times a day; this was continued for a fortnight, when the dose was increased to a grain and a half. In a few days the remedy produced nausea, and it was reduced to the original dose; this was steadily continued until the middle of June, when it was given twice a day for a short time, and then discontinued. The child is now quite well.

[London Lancet.]

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*Quackery in Medicine.*—Dr. BELL's notice of Cholera in Louisville, Kentucky.

Whenever a terrific and sweeping pestilence commences its ravages, it is surprising to see what flocks of cormorants wing their way to the scene of devastation, to prey upon the credulity, the fears, and

the follies of the public. With the most imperturbable mendacity, the coolest impudence imaginable, and the most utter indifference to all consequences, they announce that they have an unfailing remedy for the disease; that it is suitable for every age, condition and sex, and for any stage of the distemper, and that its miraculous powers have been hidden from all the human race, but the particular individual who manufactures it. They announce that it succeeds where physicians fail, and that nothing but the purest philanthropy induces them to keep it secret, and to offer it for sale to a suffering world. These things are an utter abomination, and demand the interposition of law, not to protect medical men, but the public, from these designing sharpers. They do infinite harm, and can do no kind of good.

In the midst of a great conflagration, or near the scene of a wreck, we see philanthropists of the same stripe we have described as hovering over the ravages of a destroying pestilence. These characters are busily engaged in saving all they can lay hold of from the devouring elements, and are filled with an amazing love for the human race, whose entire boundaries are contained in—self.—[*Western Journ. of Med. and Surgery.*]

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*Galvanism in Paralysis of the Bladder.*—The manner of applying this remedy, adopted by M. Michon, of La Pitié Hospital, is very simple, and is as follows: Two silver catheters or sounds are introduced, the one into the bladder, the other (the female) into the rectum, and being connected with the two poles of a simple electro-magnetic machine, the current is established and continued for a few minutes, when the sounds are withdrawn. M. Michon, in two cases which he lately treated with success, used the remedy but once in the twenty-four hours.

[*Ib.*, from *Gaz. des Hop.*]

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*Aphtha.* By J. YALE WARE, Mass.—The following simple prescription has proved a specific in my hands in many hundred cases of aphtha. I learnt it of Dr. Eli Ives, New Haven. R. Ipecac. gr. vi.; tinct. opii; ess. pep., aa gtt. iv.; boiling water, xxiv. tea-spoonsful. Sweeten with loaf sugar. Dose, a tea-spoonful every two hours. At the same time apply to the tongue equal parts of a powder of borax and loaf sugar, which the child will carry over the mouth. I have never known the above to fail in any case of infants' sore mouth. It generally cures in two days. Occasionally, in delicate subjects, the disease returns again, when the remedy needs repeating.—[*American Journal of Med. Sciences.*]

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*Prolapsus Ani and Hemorrhoids.*—Dr. J. Batchelder, an aged and eminent physician of this city, informs us that during the last fifteen or twenty years, he has completely cured or greatly relieved a very large number of cases of prolapsus ani and hemorrhoids, by simply causing the patient to evacuate the bowels habitually in the *standing* posture or as nearly so as possible. In this position the sphincter is so far aided by the surrounding muscles as to retain the relaxed mu-

cous membrane or the hemorrhoidal tumours above it, while the usual squatting position directly favors their protrusion. This is an important suggestion, and the practice recommended is certainly well worth trying.—[*Annalist*.

*Salt, a prophylactic to Worms.*—It is said that persons who take little or no salt with their food are very subject to intestinal worms. Lord Somerville, in his address to the Board of Agriculture, states that the ancient laws of Holland “ordained men to be kept on bread alone *unmixed with salt*, as the severest punishment that could be inflicted upon them in their moist climate; the effect was horrible: these wretched criminals are said to have been *devoured by worms* engendered in their own stomachs.” Mr. Marshall tells us of a lady who had a natural aversion to salt: she was most dreadfully affected with worms during the whole of her life.—[*Pereira*, vol. 1, p. 463.

*Quack Bills.—One City coming to its senses.*—We find in the New Orleans Med. and Surg. Journal, the following resolutions, passed by the city authorities. They deserve much credit for even doing their duty in these degenerate days.—[*Ohio Med. and Surg. Journ.*

COUNCIL MUNICIPALITY, No. ONE. }

Extract of the Sitting of Monday, 24th June, 1846. }

*Be it further Resolved*, That the fact of announcing publicly, by posting hand-bills in public places, the sale of medicines for the cure of diseases, shall constitute a police misdemeanor.

*Be it further Resolved*, That a fine of twenty-five dollars shall be imposed on every bill-sticker convicted of having posted up in one or several places, one or several hand-bills, offering for sale medicines for the cure of diseases.

[Signed.] PAUL BURTUS, President.

A true copy :

A. D. CROSSMAN, Mayor.

*Cholera in New Orleans.*—We are compelled to refer again, under this head, to the progress of cholera in our city. Since the middle of December last, it has dwelt among, and dealt unkindly with us.—Neither the course nor force of the winds, the rise and fall of the thermometer, and barometer—nor deluging rains or cloudless skies nor any or all the vicissitudes for which our climate is remarkable, have had much effect in modifying either the symptoms, or checking the progress of the direful scourge. In 1832, the cholera, after raging in this place for five or six weeks, disappeared in 24 hours, after a heavy gale from the north. Not so, however, in 1848–9. For nearly seven months, it has been carrying on the work of death, and during all this period, about one half of the deaths which have taken place in this city, from *actual* disease, have been produced by this epidemic. This fact is at once startling, and well calculated to lead us to investigate the cause of its protracted stay in our city. Is it about to take up its permanent abode among us, and become a co-worker of death with yellow fever? Heaven forbid! *Time*, however, will decide this



question; at present we have neither the wish nor ability to engage in the investigation of a subject fraught with such melancholy reflections.—[*N. O. Med. Jour.*

*Cosmetics.*—A solution of Bichloride of Mercury in Bitter Almond Emulsion (about gr. j. ad f ʒ j.) has long been a favorite face wash: it constitutes Gowland's lotion. Bichloride of Mercury, it is well known, unites with albumen, and hardens animal tissues. Bitter Almonds are mentioned by Celsus, as remedies for ephelides (freckles). Withering recommends, as one of the safest and best cosmetics, an infusion of Horse-radish in cold milk.—[*Pereira*, vol. 1, p. 218.

An officer of the U. S. A., Gen. T., recommends the following, which will also dye the hair, as well as relieve furfuraceous eruptions of the skin: R. Milk of sulphur, ʒii.; Sugar of Lead, ʒi.; Rose Water, ʒviii. Mix. It relieves dandruff.

*To produce Artificial Cold.*—R. Hydrochlorate of Ammonia and Nitrate of Potash, each 5ʒ, to a pint of water.

#### MEDICAL MISCELLANY.

*Modification of Dessault's long Splint.*—Dr. A. Hays, in the Medical Examiner of July, says, that in 1812, when employed as Hospital Surgeon on the Northern frontier, he cut out a portion of Dr. Physick's improved splint (Dessault) so as to have free access to the wound in cases of compound Fractures—the two pieces of the splint being firmly secured or re-united by a curved strip of iron so as still to maintain extension and counter-extension.

*Professor of Theory and Practice in the School at Richmond, Virginia.*—Dr. David H. Tucker, of Philadelphia, one of the Editors of the Medical Examiner, has received this appointment.

*Destruction of the Press of the St. Louis Medical and Surgical Journal by the great fire in that city.*—One of the Editors of this Journal, Dr. McPheeters, requests the above fact to be made known to the subscribers of that Medical Periodical.

*Death of an Editor and Professor at St. Louis.*—We have just seen announced the death of Dr. Barbour, of St. Louis, of Cholera.

*Sub-nitrate of Bismuth in large doses for Cholera.*—M. Monneret, of the Hospital of Bon-Secours, recommends this preparation in large doses for the relief of cholera and thus the prevention of cholera. In 91 cases, two only had cholera. He gives the sub-nitrate in 10 to 40 grammes (ʒiii. to ʒiiss., immense doses,) per diem.

*Death of Dr. Bougery, of Paris.*—The Medical Gazette of Paris, of June 16, announces the death of M. Bougery, author of the great work on the Anatomy of Man. He died of Cholera.

*Munificent gift to the poor of Paris.*—Baron Rothschild has put at the disposition of the Prefect of the Seine 10,000 francs, for the relief of families suffering from cholera in the city of Paris.

*Extent of the Cholera in France.*—Up to 9th June, the cholera prevails or has prevailed in 33 departments and 360 communes of France. There had occurred about 22,000 cases, and 14,000 deaths.

*One grain Doses of Calomel in Cholera.*—Dr. Ayre, of Hull, England, contends in the Lancet that 1 grain doses of calomel with 1 drop of laudanum, every five or ten minutes, according to the intensity of the collapse, is capable of restoring the patient to health without the aid of any auxiliary means.

*Anti-hemorrhagic property of Matico.*—An ounce of the leaves of matico to a pint of boiling water—Dose, a wine-glass full every quarter of an hour with 25 drops of turpentine for first hour, then the same dose every two hours, omitting the turpentine occasionally, however. The hemorrhage from the lungs was arrested in 16 hours.

*Sterility in London.*—Dr. Webster stated before the Westminster Medical Society, that he knew among his friends 140 couples who had no children.

*Charms against Cholera.*—In a shop in the Rue Vivienne, Paris, are sold little copper medals, fastened to a silk ribbon, and said to be endowed with the power of preserving the wearer from cholera. *This is the 19th century of the Christian era.* Where are the galvanic rings?

*Early Menstruation and Pregnancy.*—Dr. J. Smith reports, in the London Medical Gazette, the case of a girl who menstruated at 10½ years old, conceived at 11 years and 10 months, and gave birth nine months thereafter, to a living healthy child.

METEOROLOGICAL OBSERVATIONS, for June, 1849, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 152 feet.

JUNE	Sun Rise.		2, P. M.		WIND.	REMARKS.
	THER.	BAR.	THER.	BAR.		
1	70	29 82-100	79	29 79-100	S. E.	Cloudy—thunder.
2	68	" 76-100	83	" 75-100	S. E.	Cloudy.
3	68	" 75-100	86	" 76-100	S. E.	Cloudy morning—breeze.
4	70	" 75-100	93	" 69-100	S. W.	Fair. [1 in. 75-100.
5	75	" 73-100	92	" 68-100	S. E.	Fair morning—rain at 4, P. M.,
6	73	" 75-100	83	" 70-100	S.	Rain, 35-100.
7	73	" 70-100	87	" 67-100	S. W.	Flying cl'ds—sprinkle—storm.
8	70	" 68-100	84	" 65-100	W.	Rain—storm at 7½, P. M., 20-100.
9	70	" 62-100	89	" 58-100	W.	Rain—storms, 70-100.
10	72	" 60-100	91	" 66-100	N. W.	Fair—breeze—storm at 7, P. M.
11	70	" 70-100	83	" 86-100	E.	Cloudy—blow.
12	69	" 92-100	82	" 90-100	E.	Cloudy—rain, 35-100.
13	68	" 92-100	85	" 94-100	S. E.	Cloudy—slight rain.
14	70	" 97-100	84	30	S. E.	Cloudy till 2, P. M.—breeze:
15	66	" 96-100	84	29 90-100	E.	Fair afternoon—breeze.
16	66	" 87-100	84	" 86-100	E.	Cloudy—sprinkle. [10-100.
17	70	" 89-100	87	" 92-100	N. E.	Cloudy—storm at 3, P. M., 1 inch
18	70	" 97-100	85	30	N. E.	Cloudy—storm at 6, P. M.
19	69	30	84	29 98-100	E.	Cloudy—heavy blow.
20	71	29 92-100	74	" 97-100	E.	Rainy day—storms still, 35-100.
21	66	" 98-100	86	" 98-100	S. E.	Fair—cloudy afternoon.
22	70	" 98-100	89	" 92-100	S. E.	Fair morning.
23	72	" 90-100	91	" 80-100	S. E.	Fair morning.
24	72	" 79-100	91	" 74-100	S. E.	Fair—sprinkle in afternoon.
25	74	" 73-100	88	" 68-100	S.	Fair—sprinkle in afternoon.
26	73	" 67-100	94	" 66-100	S. W.	Cloudy—breeze.
27	74	" 72-100	92	" 73-100	S. W.	Cloudy—breeze.
28	73	" 75-100	90	" 76-100	S. W.	Cloudy—breeze.
29	73	" 76-100	92	" 75-100	S. W.	Cloudy—breeze.
30	75	" 77-100	95	" 75-100	S. W.	Cloudy—breeze.

1 Fair day. Quantity of Rain 4 inches and 80-100. Wind East of N. and S. 18 days. West of do. do. 10 days.

ERRATA.—In the May No. of the Journal, the following errors escaped our notice, in the Article of Professor Le Conte, on "The Philosophy of Medicine."

On page 259, 13th line from the top, read *arrangement* for "derangement"

" " 265, 13th " " the bottom, read *bearing* for "learning"

" " 267, 4th " " the top, read *astronomy* for "anatomy"

" " 267, 18th " " the top, read *impotent* for "important"

" " 268, 7th " " the bottom, read *judicious* for "injurious".

# SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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NEW SERIES.—SEPTEMBER, 1849.

[No. 9.]

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## PART FIRST.

### Original Communications.

#### ARTICLE XXVII.

*A Report on the Medical Topography, Meteorology, and prevailing Diseases of Wetumpka, and its vicinity, for the year 1848—Read before the Alabama State Medical Association, on the 8th March, 1849, by JAMES C. HARRIS, M. D. (Published by order of the Association.)*

*Mr. President, and Fellows of the Med. Association :*

In appearing before you to-day, as reporter, on the prevailing diseases of this locality for the past year, we feel a peculiar sadness; for, in casting our eyes over this assembly, we cannot but be forcibly impressed with the visible flight of time. Fifteen years ago we walked these streets an inexperienced medical practitioner, buoyant with hope and high aspirations,—that future has now, with its joys, its sorrows and its disappointments, become the past. With thoughts like these welling up from the ocean of our memory, we are insensibly and irresistibly led to inquire, where are those with whom we first met in consultation? Need we say they are gone: the places that knew them then, know them now no more forever. Whilst all of them, we trust, are gone to join their friends in the general association of Heaven, we, the spared monument of God's goodness, are here alone to bear them record. But though their places have been by an inscrutable and all-wise Providence rendered vacant, and death and the grave has closed over and separated us from them, together with many more of the com-



panions of our boyhood, still we should not mourn as those that have no hope, or be unmindful that each one of us has our appointed niche to fill in the temple of time, and task on earth to perform, and that we must work while it is called to-day, for death and the grave will come, in which we can do no work. Then, Mr. President, with these melancholy, though to some extent pleasing recollections—for it is pleasant to know and feel that even in the spirit land we shall be again united to those we have known on earth the best, and loved the most—we proceed with the consideration of our subject, by first giving a brief account of the Medical Topography of our locality; 2dly, the Meteorology for the year, and 3dly, and lastly, some account of prevailing Diseases, &c.; and in so doing, shall endeavor to be as little fatigueing as the nature of our undertaking will allow.

1st. *Medical Topography*. The towns of East and West Wetumpka, connected by a fine and apparently durable bridge, are situated on both sides of the Coosa river, at the foot of the falls of the same name, and head of steam-boat navigation, in latitude  $32^{\circ} 30'$ , and longitude west from Washington  $10^{\circ} 15'$ . These have been by legislative enactment erected into and constitute one city, containing upwards of eighteen hundred inhabitants, several schools, four churches, and the State prison, together with immense water facilities for the propulsion of all kinds of machinery.

Thus situated, with many internal evidences of her own greatness, in the untiring zeal and enterprize of her citizens, surrounded upon all sides by an intelligent, and upon the west and south a dense and wealthy population, she holds out to the merchant, the artizan, and capitalist, for a permanent location in their different avocations, a fair prospect of pecuniary reward.

The site of the western town is a level sandy plain, cut and interspersed with an occasional ravine and lagoon, terminating rather abruptly at the river bank in a high bluff. Not so, however, with the eastern. Here a greater portion of the town is so completely hemmed in with a range of high hills extending its whole length, and rising several hundred feet above the level

of the river, that at many points there is scarcely space enough between their base and the waters edge, for the erection of the necessary business buildings. These hills, sloping back with gentle acclivities and terminating in level tops, afford most desirable sites for the erection of private residences, and from one of which, to the admirer of the works of nature, the prospect is most enchanting. To the south and south-west, as far as the eye can reach, nothing is to be seen but one extended landscape, interspersed with forest, fields, and farm-houses—whilst at your feet, sweeping in silent and unbroken majesty, roll the gushing waters of the Coosa. The agitation of these waters in their passage over the falls, causes the evolution of a large amount of vapour, which descending at nightfall in copious showers of dew, gives to the air of the vicinity an unusual and at times unhealthy degree of dampness.

The river, after entering the limits of the town, runs for the first half mile in a south-westerly direction, when it passes under the bridge, and then shifts its course more to the south-east, pursuing this direction for about a mile more—it then turns west and runs in a devious line until its junction with the Talapoosa.

In the original plan of the city, the streets were laid out north and south, east and west, crossing each other at right angles; but owing to the peculiar structure of the surface of the earth upon the eastern side, this arrangement has been lost: here Main-street runs south from the end of the bridge, and Bridge-street east two hundred yards to the market-house, forming an angle here upon its outer section with Gay-street—then runs north-east and parallel with the river to the north-eastern extremity of the corporation.

At low stages of the water the current of the river above the bridge is thrown almost entirely against the western bank, leaving exposed to the action of the sun a large portion of decaying vegetable matter. There are also at low stages of water, among the rocks and shoals, many pools of stagnant water, in which a mass of organic matter is continually undergoing decomposition—one in particular, commencing not far above the bridge, and extending some hundred yards up the river, is a fruitful source of exhalation; a large ravine also

extends from the waters edge in the rear of the buildings on Bridge-street nearly up to the market-house, and receives the filth from the greater portion of this part of the city. There are also other sources of disease of a local character within the corporation on both sides of the river, and also within the immediate vicinity, but as they are similar to those already described, and common to many other southern towns and neighborhoods, we will pass them by without any further notice, referring the Association for a fuller account to two articles published by the writer in Sept. No. 1845, and June No. 1846, of the *Western Journal of Medicine and Surgery*, pages 191-2 and 490-91.

After the foregoing account of our locality, it would be almost needless for us to remark, that if the wind in a dry spell, during the months of August and September, should set in and continue to blow regularly from the north, north-west, or south, or from almost any other direction between these points, for three or four days in succession, over these prolific sources of malaria, nothing else could be expected but that all the inhabitants residing on Bridge, Main, Gay, and Company streets, and the sides and tops of the adjacent hills, would become liable in a peculiar manner to fevers; and in the assertion that they always do suffer to a greater or less extent, we are borne out by the observation of all those who have paid any attention to the matter.

2dly. *State of the Weather.* January, February and March, were remarkably clear and warm. The mean temperature for January being  $54^{\circ} 44'$ , February  $57^{\circ} 51'$ , and March  $62^{\circ} 33'$ . There were during this period sixty-three (63) clear days, eleven (11) cloudy, and seventeen (17) that it rained. On the 7th of March occurred the greatest daily range of the thermometer for the year, and on the night of the 2d a hail-storm, accompanied with thunder and lightning.

April, May and June. April was an exceedingly pleasant month, with a warm thermometrical temperature of 66.50, and a maximum of 73.10, presenting little else than a continued succession of sun-shine and shower. On the evening of the 29th we were visited with a heavy hail-storm—some of the



hail-stones observed by us were as large as a pigeon's egg. May, although noticed in our table with 24 clear days, was, notwithstanding, very wet, heavy rains falling throughout the night, and of which no account was kept. The mean daily temperature for the month was 75.44, and the range 11.40, attended generally throughout the day with a damp, oppressive atmosphere. June was also exceedingly wet, the rains however falling mostly throughout the day, the mean temperature being 78.44, and the range 11° 40'.

July, August, and September. Throughout July the rains still continued to fall, but as in May, mostly during the night, the mean temperature for the month being 80.54, and the mean range 11.02. The warmest day was the 27th, and the coldest the 21st, the former being 83.10, and the latter 76.20. In August there fell a great deal of rain up to the 18th, at which time it suddenly turned dry, and remained so until the 26th, when it commenced raining again, and continued to do so for several days in succession, after which it turned off clear, and continued so for the balance of the month, the mean heat being 79.45, and the range 11.54. The warmest day was the 29th, and the coldest the 1st. The mean temperature of the former being 83.10, and that of the latter 75° 50'. September was exceedingly dry and dusty throughout, presenting a mean temperature of 75.24, with a range of 12.34. The mean maximum of the thermometer on the 4th was 84.40, and the minimum on the 22d 65.20.

October, November and December. The dryness and heat continued uninterruptedly up to the 9th of October, when a few light showers coming on reduced the temperature considerably. The remainder of the month, with the exception of a few days, was pleasant and dry, presenting a mean of 66.22, with a range of 13.40. The greatest mean daily heat being on the 6th, 76.20, and the lowest on the 22d, 48.40. November was not remarkable for any thing more than its low temperature and high range, chilling winds and frosty mornings. The mean temperature for the month being 53.14, with a range of 15.08. Not so, however, with December, which proved to be almost the reverse of November, as regards temperature and range, the thermometrical mean being 66.37, and the range

9.21. For the purpose of making ourselves more clearly understood on this part of the subject, we herewith submit the following:—

*Abstract of a Meteorological Register kept at Wetumpka, for the year 1848.*

Months.	THERMOMETER.				WEATHER.						Greatest daily Range.	Date.	Prevailing.
	Mean.	Max.	Min.	Range.	Clear.	Cl'dy.	Rain.	Frost.	Ice.				
Jan....	54.44	60.25	46.30	14	24	5	2	5	2	28	24th	Clear.	
Feb....	57.51	62.43	51.10	12	16	3	10	7	2	25	10th	Clear.	
March..	62.33	68.33	53.38	15.30	23	3	5	8		29	7th	Clear.	
April..	66.50	73.10	59.24	13.48	22	3	5	1		26	2nd	Clear.	
May....	75.44	81.50	69.17	11.40	24	1	6			23	13th	Clear.	
June...	78.44	85.04	73.28	11.40	14	16				18	7th	Rain—cl'dy.	
July...	80.54	86.04	75.02	11.02	19	2	10			18	11th	Clear.	
August.	79.45	87.15	74.13	11.54	20	1	10			18	29th	Clear.	
Sept. ..	75.24	79.10	65.48	12.34	27	2	1			22	19th	Clear.	
October.	66.22	73.17	59.36	13.40	22	4	5	2		22	27th	Clear.	
Nov....	53.14	59.34	44.46	15.08	19	4	7	14	7	26	30th	Clear.	
Dec... ..	66.37	64.48	55.27	9.21	15	3	13	4		23	3rd	Rain.	
	68.14				245	31	90	41	11				

On comparing the foregoing table with one kept in the same locality for the preceding year, (see Western Journ. Med. and Surg., July No., 1848, p. 28,) we learn, that although the mean annual temperature was nearly the same, there was considerable variation as regards its monthly distribution, November, 1847, being 9° warmer than the same month in 1848, and December, 1847, 16° colder than December, 1848. The prevailing winds in the fall season at this point are generally from the south and south-west. Navigation remained good for small steam-boats, with the exception of a few weeks, throughout the entire fall.

3rd. *Diseases, &c.* The weather throughout the month of January being pleasant, there was but little sickness, with the exception of an occasional case of Jaundice, sporadic cases of which continued to occur up to about the 20th of June. At this time it became epidemic, and after remaining so for several weeks gradually commenced declining, and by the last of September had done so, so completely, that not a vestige of its former existence, in the type of the then prevailing diseases could be traced. During the months of February, March, April and May, a few cases of Measles and Inflammatory fevers

made their appearance. The few cases of measles seen and treated by us, wore rather an aggravated character, requiring for their successful management the most active depletion, the lancet having to be used freely to subdue the *pneumonic pain* and *attendant excitement*; after which anodynes, warm teas and demulcent drinks, constituted the remainder of the treatment. The cases of inflammatory fever that fell under our notice (observation), came on as a general rule with more or less chilliness; with but little disturbance of the bowels, attended with a quick, tense pulse; violent pain in the head, confined more particularly to the frontal and occipital regions, and extending down the spine to about midway between the shoulders; aching in the joints and loins, with hot, dry skin, and restlessness. Nausea was most commonly present, and the tongue in every instance was covered with a thin, white fur. In one case there was considerable contraction of the pupils, dimness of vision and delirium. This case recovered. The exposed portions of both races, were equally liable.

The treatment adopted and pursued by your reporter, consisted of pretty free bleedings, mercurial cathartics, blisters extending from the nape of the neck eight or ten inches down the spine, and affusions of cold water on the head. Although there was considerable anxiety manifested on the part of the community in relation to the type of this particular fever, we did not discover that it differed in any material point from the ordinary spring fevers of this locality, in any other respect, than perhaps a greater sanguineous determination to the encephalon, and was as a general rule, with proper care, equally as easily managed.\*

From the 10th up to the 26th of June, Jaundice, as has been before remarked, prevailed epidemically. During this period, the atmosphere was close and oppressive—the average daily thermometer high, and the range low. The cases, though, were generally of so mild a character as scarcely to require any thing more than a dose or two of calomel or blue mass, with low diet, and for a few days quietude within doors. After

\* At this time, an epidemic cerebro-spinal meningitis was prevailing in the city of Montgomery—an interesting account of which, by Dr. Silas Ames, may be found and consulted in the New Orleans Medical and Surgical Journal, for November, 1848, p. 295.



the liver commenced pouring out bile, under the influence of either of the above remedies, a very common domestic medicine, and one that was frequently used, and seemed to aid convalescence materially, was a wine-glassful three times a day of the watery infusion of the bark of the wild cherry-tree, or smaller doses of the same, in spirituous tincture. This remedy appeared to act very effectually, but rather insensibly on the skin and kidneys. There were also, during the latter part of this month, some Diarrhœa, and Intermittent fever. The latter gradually continued to increase up to the 18th of August, when the weather suddenly turning dry and warm, the whole county was completely laid under the dominion and influence of malaria—periodical fevers prevailing now, and continuing to do so, to a considerable extent, up to near the middle of November, at which time, from the coming on of cooler weather, they commenced declining, and finally disappeared under those influences known to be unfavorable to their generation. Relapses, however, were more frequent, and cases continued to occur later in the season than usual. For the purpose of showing to some extent, the variety and number of prevailing diseases, we herewith submit the following table of cases, treated by Dr. Thomas W. Mason, and in so doing have to regret the suspension, from indisposition, of his labors after the 11th September.

*Consolidated Table of Cases treated from the 1st of March to the 11th September, 1848, inclusive.*

MONTHS.	FEVERS.						OTHER DISEASES.								Grand Total.
	Inflammatory.	Intermittent.	Remittent.	Congestive.	Typhoid.	Incipient Symp.	Measles.	Diarrhœa.	Dysentery.	Jaundice.	Influenza.	Pleurisy.	Cholera Morb.	Enteritis.	
March...	4	5					2	2			4				
April...						2	5		4		3	1	3	3	
May....		5	7					1	1						1
June....		8	7					1		1					
July....			5	4	1				1						
August..	18	14			1		2	2	2						
Sept....	9	7					1	1	1						
Total...	44	45	40	4	2	2	7	7	9	4	7	1	3	3	1
															139

It may not be amiss here to remark, that the report from which the foregoing table has been condensed, shows the whole number of cases treated by the Dr. within the period specified, to have been two hundred and twelve (212); but as many of them were such as occur in all latitudes and at all seasons, and were not epidemic in this locality within the past year, they have therefore been excluded.

On a careful examination of the following table of cases compiled from the register of your reporter, showing the relative liability of the sexes of the black and white races, of the different periods of life, &c., to the several forms of periodical fever, as they prevailed in this locality during the past summer and fall, and which is herewith submitted.

*Consolidated Report of Cases treated during the year.*

	FEVERS.					AGE.							SEX		OTHER DISEASES.												Grand Total.
	Inflammatory.	Intermittent	Remittent.	Congestive.	( continued	1 to 5	5 to 10	10 to 20	20 to 30	30 to 40	40 to 50	50 to 60	Males.	Females.	Total.	Died.	Measles.	Diarrhoea.	Dysentery.	Rheumatism.	Catarh.	Pleurisy.	Cholera Morb.	Cholera Infant.	Jaundice.	Pertussis.	
Whites,	4	51	17	5	6	14	19	12	15	11	7	5	50	33	83	2	2	5	3								
Blacks,	1	26	10	1	2	1	10	1	13	8	4	2	19	20	39	* 1	4	2		2	1	1		4	2	1	2
Total.	5	77	27	6	8	15	29	13	28	19	11	7	69	53	122	3	6	7	3	4	3	1	4	2	3	2	160

It will also be discovered that the number of cases of Intermittent fever is greater than the sum of all the other varieties put together—a rather unusual circumstance with us according to our experience. In fact the type of all the varieties of periodical fever, throughout the fall, were decidedly intermittent, and much more easily managed than they have heretofore been in seasons of epidemic visitation, but few deaths having occurred, and these for the most part as the result of sheer neglect on the part of those afflicted, their friends, or attendants.

The symptoms characterizing the different varieties of fever, as seen by us, differed in no essential particular from those laid down by the various writers who have described them, with the exception of a decidedly greater determination of blood to the brain than usual, running in children, sometimes into coma, or convulsions, but most frequently the latter. We will, there-

fore, on the present occasion, not weary your patience with a detail of them.

The first clearly marked case of *malignant intermittent or congestive fever* that fell under our observation, occurred in the person of a lady, a resident of this city, on the 23d of June, and terminated in the course of seventy-two hours in coma and death. She had been subject to occasional attacks of simple intermittent for some time previous. And the last case on the 1st of October, in the person of a negro woman, the property of Mr. P., of West Wetumpka. This case also terminated in death; and being of the comatose variety is herewith detailed, and is as follows:

CASE.—Caroline, aged 18 years, attacked on the evening of the 1st of October, about 7 o'clock, with a chill, succeeded in the usual length of time with febrile reaction. During the forepart of the chill, she sang, whistled and made strange noises, becoming, however, towards its conclusion, rather *comatose*. The next morning she was up, but seemed rather dull; her tongue coated down the centre with a dark brown fur, bowels costive; in other respects apparently but little the matter. On the morning of the 1st (we afterwards ascertained) she ate a large quantity of wild whortle-berries, and some raw chestnuts.

On the morning of the 2nd, Mr. P. gave her a dose of Cooke's pills. About 10 o'clock this day she threw up, by vomiting, a large quantity of ropy grass-green bile, and complained of violent pain in the head and breast; skin rather cool; pulse feeble. Mrs. P. applied a mustard plaster to epigastrium, after which she ceased to vomit, and fell asleep. In this condition she remained until near sun-down, when her master attempting to arouse her for the purpose of giving her a dose of calomel, found to his astonishment that he could not do so. Dr. B. being on a visit at Mr. P.'s, was invited to prescribe, and finding her slightly convulsed, with a quick corded pulse, bled her xxiv 3., and attempted the administration of the calomel; in the latter he however failed. After the expiration of several hours, Mr. P., observing no perceptible improvement, had me sent for. On arriving, we found her lying upon her back, breathing easy, 22 respirations to the minute; pulse small and frequent; skin



of the extremities cool, with rather warm perspiration about the face, neck and breast; coma complete and profound; bowels not moved by the pills; swallows with great difficulty and with danger of strangulation; eye-lids half closed; pupils contracted; eyes not fixed, glassy, or suffused, but slightly yellow; with violent pulsations in the arteries of the neck and temples; head moderately cool. Ordered, dry heat to the extremities, and 4 grs. of quinine every three hours until morning; 20 grs. of calomel to be taken, if she ever gets into a condition so that she can swallow.

October 3d. Swallowed with great difficulty, through the night, three portions of the quinine, and at sun-rise about half of the calomel. No action as yet from the bowels; pulse full and frequent; skin warm; in other respects the same. Attempted the administration of the calomel, but failed. 10 o'clock, A. M. Extremities growing cold, and breathing becoming rather laborious; pulse small and quick; tossing about of the arms; grinding of the teeth, and frothing at the mouth. Gave 40 gutta of laudanum, and applied large mustard plasters over epigastrium and abdomen; sinapisms to the extremities, and cold applications to the head. Afternoon. No improvement. Gave, with great difficulty, two capsules of castor oil, and directed cold applications to the head to be continued. 8 o'clock, P. M. No alterations in symptoms; no action from the oil capsules; abdomen tumid and tense. Clysters to be given until bowels are moved.

4th Morning. Clysters returned with a small admixture of bile, and a large quantity of partially digested berries; one or two alvine evacuations afterwards of the same character; stupor equally as great—when spoken to very loudly seems to recognize the sound by turning the eyes in the direction of the speaker. Applied blisters to the ankles and down the spine—the one down the spine two inches wide and ten inches long. At my noon, evening, and night visits, could perceive no material alteration. Blisters drew well.

5th Morning—8 o'clock. No perceptible improvement since last night. Gave pill of calomel 10 grs. Noon. No alteration. Repeated pill of calomel. 8 o'clock, P. M. No action as yet on the bowels—patient growing rapidly worse, unable to swallow

any thing ; still warm ; head cool ; pulse thread-like and very rapid ; breathing laborious and intermitting. Applied large blister to epigastrium, and failed in an attempt to give 30 drops of laudanum. From this time she continued to grow gradually worse, until near day-light, when she calmly expired.

In this case, hopeless from the commencement, we cannot but be forcibly struck with the great tenacity of life, under such malignant symptoms.

As regards the further management of the other varieties of *congestive fever*, we would say that, when called during the chill, our first effort was always to get the patient out of this stage as soon as possible ; and for this purpose we resorted to the external application of dry heat, frictions to the extremities and over the surface, and sinapisms and blisters to the epigastrium, extremities and spine, aided by the internal administration of the most powerful stimulants. This desirable end accomplished, the prevention then of the recurrence of the chill, was essayed by the liberal internal administration of quinine.

In the treatment of the other varieties, our prescriptions were always made, and remedies given, for the purpose of relieving urgent symptoms, and warding off those in perspective. In the continued and remittent types, in the plethoric and where there was much local pain, the lancet, at the commencement of the attack, was sometimes employed, and, under such circumstances, frequently with advantage. Where there was much *hepatic* derangement, *calomel* was given for the purpose of disgorging the *liver*, and removing local congestions ; and for these purposes it stands, as it must continue to do, unrivalled. This remedy, according to the urgency of the symptoms, was repeated daily, or every other day, for several times in succession, or until the reasons for its further administration ceased to exist. In the latter variety, as soon as a very clear remission took place, the administration of quinine in 4 or 6 grains doses, at intervals of two or three hours, was commenced, and continued for several times in succession, under the hope that a solution of the febrile symptoms might take place ; and we are gratified that we have it in our power to state *that this year*, the practice in our hands was attended with much better success than it has ever heretofore been.

There sometimes appears in this locality a form of intermittent fever, denominated *sub-intermit*; and in which there is an entire absence of the sweating stage—the patient going directly out of the cold stage into the fever, and out of this again into the chill. In this variety, a few doses of quinine of the ordinary size, and administered in the usual way, before the expected cold stage, breaks up the paroxysms with as much certainty, and as completely as in any other variety.

The month of December will be long remembered by the citizens of this city and its vicinity, for its high temperature and low range: there not being, from the 4th to the 28th, scarcely two days in succession cold enough to justify the killing of hogs. This warm, moist state of the atmosphere, exerted also a most unfavorable influence upon the health of our citizens; bowel affections and gastric irritation being unusually prevalent. On the 26th of the month, there being several cases of *cholera* reported on board the steamer Montgomery, then discharging freight at our wharf, and direct from the port of Mobile, where the disease was said to be epidemic, caused our city authorities to appoint a board of health. On the 27th, said board made the following communication:—

“In view of the actual existence of epidemic Cholera on our borders, and in obedience to a resolution of your body asking information on this subject, beg leave to report—That they believe the disease to depend, to a considerable extent, upon atmospheric alterations of the locality where it prevails, and therefore, not contagious; and for the purpose of preventing a visitation, or in that event, should we be so unfortunate, mitigating to as great an extent as possible its violence; recommend the adoption of every means that are in the least calculated to purify the air,—such as the immediate and thorough cleansing of the entire city, by the removal and, wherever practicable, total destruction, by burning or otherwise, of all decaying animal and vegetable matters—that all ravines, ditches and cellars, be thoroughly drained and dried, and that the doors and windows of all unoccupied buildings be thrown open for the purpose of ventilation; and that fires be built at least once a day in all rooms that have fire-places. That the citizens generally be requested to use lime freely about their premises, and co-operate



with the city authorities in carrying out the Hygienic recommendations of the board of health.

“They would also recommend that our citizens be admonished from going, through idle curiosity, on board of steam-boats that may land at our wharves from known infected regions; and that the crews of said vessels be forbidden from leaving said wharves, or mixing promiscuously with our citizens.”

Fortunately, a few days after this report was made a change took place in the weather, and with this change fled the terror of our citizens from an immediate visitation from this oriental scourge.

Having now, Mr. President, finished our report, in which we have endeavored to present more an outline of the treatment and phases of disease in general, than a critical account of any one in particular; and in submitting it (sensible, as we are, of its many defects) to the consideration of the association, permit us to say, that we feel at least a consciousness of having discharged our task, to the best of our ability, and an assurance that our labors will receive at their hands, that reward to which they are entitled.

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ARTICLE XXVIII.

*Statistics of Diseases of Hancock County.* By E. M. PENDLETON, M. D., of Sparta, Georgia.

In this number I propose to give a table of specific diseases, which I hope may not prove wholly uninteresting to your readers. Although the numbers of each are small, it will serve to give some idea of the general prevalence of specific disease in the middle region of Georgia.

1st. *Those of the Digestive System.*

Diarrhœa, - - -	55	Cholera Morbus, - - -	16
Gastric fever, - - -	55	Hepatitis, - - -	13
Colic, - - - - -	39	Irritable Stomach, - - -	9
Worm fever, - - -	37	Constipation, - - -	5
Dyspepsia, - - -	35	Hematamesis, - - -	4
Gastritis, - - - -	30	Cardialgia, - - -	4
Dentition, - - -	26	Hemorrhoids, - - -	2
Dysentery, - - -	25	Prolapsus Ani, - - -	2
Gastro-enteritis, - -	19		

Some of these, it may be observed, are more symptoms than diseases; but where there seems to be a difficulty of defining the exact disease, I have put down the leading symptoms as Irritable Stomach.

Gastric fever, which numbers so high, embraces a class of disease recurring mostly in children, attended with high fever, generally remittent, without inflammation, and evidently depending upon noxious substances introduced upon the delicate gastro-intestinal mucous membrane—such as, fruits, chestnuts, chinquepins, &c. For a better name, I class it under this general term.

#### 2nd. *Respiratory.*

Catarrhal fever, - - -	54	Hooping Cough, - - -	6
Influenza, - - - -	37	Hæmoptysis, - - - -	2
Pneumonia, - - - -	26	Croup, - - - - -	4
Catarrh, - - - - -	24	Hydrothorax, - - - -	3
Bronchitis, - - - -	18	Phthisis Pulmonalis, -	2
Pleurisy, - - - - -	9	Laryngeal Consumption,	1
Asthma, - - - - -	8	Catarrhal Consumption,	1

#### 3rd. *Diseases Peculiar to Women.*

Parturition, - - - -	55	Hysteritis, - - - - -	5
Plethora during gestation,	26	Peritonitis, - - - - -	4
Threatened Abortion, -	19	Leucorrhœa, - - - - -	4
Dysmenorrhœa, - - -	13	Puerperal Convulsions, -	3
Abortion, - - - - -	11	Attached Placenta, - -	2
Uterine Hemorrhage, -	10	Excessive Lochia, - - -	2
Prolapsus Uteri, - - -	10	Irritable Uterus, - - -	1
Amenorrhœa, - - - -	9	Prurigo Pudendi, - - -	1
Menorrhagia, - - - -	9		

#### 4th. *Brain, and Nervous System.*

Convulsions, - - - -	13	Hemaplegia, - - - - -	2
Epilepsy, - - - - -	7	Tic Dolereux, - - - - -	2
Nervous Head-ache, -	11	Insanity, - - - - -	2
Spinal Irritation, - -	6	Tetanus, - - - - -	1
Neuralgia, - - - - -	5	Hydrocephalus, - - - -	1
Lumbago, - - - - -	4	Arachnitis, - - - - -	1
Apoplexy, - - - - -	2	Hysteria, - - - - -	1
Delirium Tremens, - -	2	Partial Paralysis, - -	2
Catalepsy, - - - - -	2		

#### 5th. *Exanthemata, and Skin Diseases.*

Urticaria, - - - - -	16	Scabies, - - - - -	6
Herpes, - - - - -	10	Varicella, - - - - -	4
Erysipelas, - - - -	8	Tenia Capitis, - - - -	4
Eruptive Rheumatic fever,	6	Roseola, - - - - -	3

Scarlatina, - - - -	3	Eczema, - - - -	1
Red Gum, - - - -	2	Herpes Zoster, - - -	1
Measles, - - - -	2		

6th. *Urinary Organs.*

Strangury, - - - -	8	Incontinence of Urine, -	3
Gonorrhœa, - - - -	5	Calculus, - - - -	3
Syphilis, - - - -	4	Paraphymosis, - - -	1
Nephritis, - - - -	4	Irritable Bladder, - -	1
Cystitis, - - - -	4	Varicocele, - - - -	1
Retention of Urine, - -	3	Impotence, - - - -	1

7th. *Visual Organs.*

Ophthalmia, - - - -	18	Amaurosis, - - - -	1
Ectropium, - - - -	1	Inflammation of Eyelids,	1

8th. *Heart.*

Hypertrophy, - - - -	1	Palpitation (functional),	1
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9th. *Surgical Cases.*

Contused Wounds, - - -	29	Fracture os Femoris, - -	2
Abscess, - - - -	24	Necrosis, - - - -	1
Ophthalmia, - - - -	18	Gun-shot Wound, - - -	1
Incised Wounds, - - -	14	Dislocation metatarsal bone of	
Furunculus, - - - -	8	thumb, - - - -	1
Burns, - - - -	5	Rupture of ligaments of 3d and	
Whitlow, - - - -	3	4th cervical vertebræ, -	1
Tongue-tie, - - - -	3	Dislocation Shoulder-joint, -	1
Distorted Spine, - - -	2	Fracture of os Humerus, -	1
Fracture of lower Jaw, -	1	Fracture of Clavicle - - -	1
Dislocation of lower Jaw, -	2		

10th. *Idiopathic Fevers.*

Intermittent fever, - - -	128	Common continued, - - -	18
Bilious Remittent, - - -	52	Inflammatory, - - - -	18
Congestive fever, - - -	9		—
	—	Continued fevers, - - -	36
Periodic fevers, - - - -	18½		

The physician who has attempted to classify all the cases that present themselves to him, will readily overlook any seeming failures in the above table. There are many cases presenting such a complication and diversity of character, that we either have to take their most prominent symptoms, or leave them out altogether. We have generally pursued the latter plan. There are others, where an individual is subject to repeated attacks of the same disease, and to put down every case would run up the number to a high point, as in Epilepsy and Rheumatism, Diarrhœa, &c. We have generally in such instances marked them down as only one case.



We propose now to give a table of the fatality of the above cases, with some other facts connected with it :

1st. *Respiratory System.*

Tubercular Consumption, 2	Pneumonia, . . . . 4
Acute Bronchitis, . . 1	Catarrhal Fever, . . 1
Catarrhal Consumption, 1	Hydrothorax, . . . 1
Hooping Cough, . . . 1	Croup, . . . . . 1
5	7—12

2d. *Digestion.*

Diarrhœa from teething, 4	Hepatitis, . . . . . 2
Hematemesis, . . . 1	Worm fever, . . . . 1
Gastro-enterite, . . } 3	3—11
all from ardent spirits. } —	
8	

3d. *Diseases peculiar to Women.*

Puerpural Convulsions, 3	Acute Hysteritis, . . 2
Uterine Hemorrhage, 2	7
5	

4. *Brain and Nervous System.*

Convulsions from Teething, . 1	Arachnitis, . . . . . 1
Rachitis, . . . . . 1	Delirium Tremens, . . 1
3	2—5
Scarlatina, . . . . . 1	Continued fever, . . . . 1
Cancer of Breast, . . . . 1	Eruptive Reumatic fever, . 1
Fracture of Vertebrae, . . 1	Acute Cystitis, . . . . . 1
Hypertrophy, . . . . . 1	Fungus Hæmatoides, . . . 1
Dry mortification of foot, subse-	Old Age, . . . . . 1
quent to amputation of toe, 1	Unknown, . . . . . 2

Of these deaths, 18 occurred in the winter months, 9 in the spring, 6 in the summer, and 11 in the autumn, showing a greater tendency to mortality in the cold than in the warm month. There were 20 males to 26 females, and 26 whites to 20 blacks, and 33 adults to 13 children. Of the 5 deaths from brain and nervous system, 4 were children; of the 11 digestive organs, 5 were children; respiratory 3, and exanthemata, 1—showing a large per cent. of the nervous and digestive system over every other in the mortality of children.

The ratio of the mortality of the different classes of diseases, stands about as follows :—Of the digestive system, 2.58 per cent.

die ; of the respiratory, 4.93 per cent. ; of diseases of women, 3.43 ; of the brain and nervous, 5.16 ; exanthemata, 2.85 ; idiopathic fevers, 0.44 per cent. or 1 out of 225 ; urinary, 2.70, &c., &c.—showing diseases of the brain and nervous system to be more fatal than any other ; respiratory next ; diseases of women next—then the exanthemata, urinary, digestive, and idiopathic fevers, in regular succession. Other classes of disease, as articular, visual, osseous, and abscesses, are rarely, if ever, fatal ; while others are almost universally so, as organic diseases of the heart, cancers, &c.

How can we account for there being more disease in the warm than cold months, while the mortality is decidedly worse in the latter. Thus, in the winter months, out of 312 cases, there are 18 deaths, or 5.77 per cent. ; the spring, out of 376, there are 9 deaths, or 2.37 per cent. ; summer, out of 447 cases, there are but 6 deaths, or 1.32 per cent. ; and in autumn, out of 482, we have 11 deaths, or 2.49 per cent.—showing the mortality of disease in winter, over summer, as more than four to one, according to the number of cases. This is a curious fact, and deserves further investigation. If still sustained by a greater mass of cases, it may throw some light upon the comparative capability of a warm and cold atmosphere to sustain human life. It seems to carry out the truth of the adage, that “old people always die in the winter,” as well as the statistics of this country, which teaches that we have more centenarians in the Southern than in the Northern States.

We will note the ratio of mortality of a few leading specific diseases, and close this number. Thus, diarrhœa is 7.27 per cent. : this includes all the cases of the fatal summer complaint of children. Inflammation of stomach and bowels 6.12 per cent. It is a singular fact, that every fatal case of this class was superinduced by ardent spirits. Such constitutions succumb much easier to disease than others, and show a greater resistance to the curative powers of agents. In hepatitis, the deaths are 15.38 per cent., being a very fatal form of disease ; and what is singular, pneumonia presents exactly the same ratio. Bronchitis, 5.55 per cent., whooping cough, 16.66, and croup, 25 per cent. ; but in these two last instances there is no test as to the mortality, as but few now employ physicians in

these diseases, unless in very bad cases, having learned to treat them themselves. In uterine hemorrhage, the fatality has been 20 per cent. Every case of puerperal convulsions died, being only three; but this is a mere coincidence, as I have had the same number the present year, and but one has died. I have always found it, however, one of the most fatal forms of disease, with a mortality of some 50 per cent. Out of 36 cases of continued fever, embracing typhoid, common continued and inflammatory, but one died, being 2.77 per cent.; this I conceive to be much below the average of this malignant type of fever. Out of 189 cases of periodic fevers, there is not a single death, being 52 of bilious, 9 of congestive, and 128 of intermittent. This is truly gratifying, when we take into the account the dreadful mortality of these forms of fever some twenty or thirty years ago, in this region of country. This is doubtless owing to the decrease of morbid causes constituting a less malignant disease, as well as, in a great measure, to the improved methods of treatment. Formerly it was calomel and tart. emetic, in heroic doses, with drastic purgatives, and no water to drink, which, of itself, was enough to kill most of the patients, without fever. Now, the gentle alterative and anti-periodic treatment, with particular reference always to the protection of the delicate mucous membrane of the alimentary canal from lesion, will cure nearly every case through a series of years. To no one so much as the immortal Broussais is modern medicine indebted for the rapid strides it has made in curing disease, and the subduction of our tables of mortality. With reference to my own treatment of periodic fevers, I think it proper to state that I am not a *quinine* practitioner, in the modern acceptation of that term. I do not always give it in intermittent fevers, rarely in bilious remittent, and never in continued fevers. When I do give it, it is for its therapeutic agency in equalizing the circulation as a tonic stimulant, not for any supposed specific effect that it may have sedatively upon the nerves; consequently my doses are small, in comparison with the heroic treatment of modern times, and I think my fever book will show advantageously, in comparison with any who pursue a different course.

The whole ratio of deaths being 46 out of 1614 cases, is 2.84



per cent. And here it is proper to state, that every case I saw, and some I prescribed for without seeing, is included. In several instances the patient was moribund, and beyond all hope. The only case of continued fever that died, I was called in consultation, but my prescription (a venesection) was refused by the patient. He died in two or three days after, without submitting to my treatment, in any way ; but still, to carry out a universal rule, I have assumed the responsibility in my tables of statistics, and so of other cases.

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## ARTICLE XXIX.

*Mammary Abscess treated by Hydriodate of Potash.* By  
ROBERT C. WORD, M. D., of Cassville, Georgia.

Every experienced practitioner must have met with obstinate cases of *mammary abscess*—cases which resist every method of treatment, and which continued sometimes for months, attended with great suffering and with serious impairment of the general health. Such was the condition of Mrs. — with her first child. Evidences of abscess were apparent soon after the usual period for the formation of milk, and despite every effort suppuration came on about the 10th day. The breast was punctured, and a larger quantity of pus flowed from the orifice. This gave relief for a few days, but it was not long until another portion of the gland became indurated, and proceeded rapidly to suppuration. Other portions of the gland also suppurated and required lancing. The breasts were drawn as often as practicable. General and local antiphlogistic treatment and all the usual remedies were resorted to, with only occasional and partial relief. In one mamma there seemed to be small sinuses opening in different directions, similar to a variety of the disease described by Mr. Hey, and for which he recommends deep incision. Both mammae finally became involved. The treatment recommended by Hey, was not tried, being deemed too severe ; and besides, the patient being exceedingly nervous and timid, would not submit to it. The following treatment was finally advised: 4 grs. *iodide potassium*, in solution, three times daily. To use, as a local application, the

*ungt. iodini*; the milk to be occasionally drawn with a glass, and the diet to consist solely of bread and water. In two days relief was apparent, and the patient proceeded rapidly to recover, and in a few days was able to attend to her ordinary avocations. The remedies were continued nearly three weeks, when all signs of soreness having disappeared, and the abscesses having healed, they were withheld. Three months have since passed away, and the lady is now suckling her child with no inconvenience.

The writer is not aware that this treatment has been used before in *mammary abscess*, though it would seem very naturally to suggest itself in the treatment of this, as in other, glandular affections.

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ARTICLE XXX.

*Successful Amputation at the Shoulder-joint—the joint ankylosed—patient under chloroform.* By PAUL F. EVE, M. D., Prof. of Surgery in the Med. College of Georgia.

The last of June, a boy about eight years old, belonging to Gen. Taylor of Early county, was sent to me by Dr. Reese of Athens. Six months before, he had sustained from a fall, a compound comminuted fracture of the right arm. There was now existing an enlargement of the whole length of the humerus; a stiff shoulder-joint; two fistulæ, one about the insertion of the deltoid muscle, and the other at the head of the bone; a probe would pass, as it were, through the shoulder-joint, and in the direction of the bone, encountering rough or denuded surfaces; from both openings there was a pretty copious discharge of ill-conditioned pus.

The propriety of an operation having been decided upon in consultation, and the patient placed under chloroform, an incision from the acromion process of the scapula was made through the deltoid muscle down to the bone, laying open freely the upper fistula. The humerus thus exposed was felt extensively involved in the disease (necrosis,) and according to previous counsel, amputation at the shoulder-joint was now attempted. In performing this, an unexpected difficulty occurred—this was

encountering an intimate union of the head of the bone to the glenoid cavity. In the effort to disarticulate at the joint, it was found that the knife did not and could not be made to pass around the upper extremity of the humerus—the joint was then attacked from the opposite side, but with no better success. Having confidence in the knife (English), the original position was resumed, and the head of the bone was cut through, leaving the part above its anatomical neck in the glenoid cavity of the scapula. This was now carefully dissected out by a scalpel, the bond of union being intimate and complete through the intervention of what was supposed to have been fibrin or the plastic matter of the blood. The knife passed through what originally was the epiphysis of the bone, and its edge was uninjured.

The whole humerus was found necrosed, the old bone was confined in an effort of nature to form a new one. The sequestra could only be removed by extensive incisions and forcible efforts, and the bone presented throughout a worm-eaten aspect. It was not a part, but the whole of the bone, which was diseased.

The boy had a good recovery, leaving for home in the cars a week after the operation.

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## PART II.

### Reviews and Extracts.

*Expulsion of an iron Fork per anum, twenty months after having been swallowed.* By M. J. B. S. CHEMIN. (Translated by HENRY ROSSIGNOL, M. D., of Augusta, Ga.)

On the 15th May, 1847, I was called to M. Houé, farmer, aged 32 years. In endeavoring to extract a bone from the upper part of the œsophagus, he had swallowed an iron Fork coated with tin. It was five inches in length and about one in width.

The bone was scarcely arrested, when deglutition became very difficult; there was immediately a sharp pain felt about the middle of the sternum; a sensation of sticking and extreme uneasiness in this region; and respiration was anxious. M. Houé introduced a fork into the œsophagus, with the intention of extracting or pushing down the foreign body. This at first



caused nausea, then such violent efforts at vomiting, that, in his sufferings he let the fork go, which, after a few attempts at deglutition, dropped into the stomach.

Becoming very uneasy about his situation, he went to Paris, hoping that the fork might be withdrawn from the stomach. He consulted M. Velpeau among others, who removed his fears, by telling him that no bad effects would follow the accident, and that it would be expelled, sooner or later, through the natural passages, without the necessity for an operation.

On his return home, he sent for me. I found him less uneasy in mind; but nevertheless he experienced great sufferings, particularly after eating or drinking. He is occasionally troubled with nausea; water rising frequently and abundantly to the mouth. The fork is believed to be in the larger end of the stomach, the teeth turned to the left side. It continued in this position fifteen days, then passed towards the pylorus, where it remained nearly four months. During this time, there was vomiting of black matter several times during each day. The mouth is continually filled with an aqueous fluid; excessive and incessant suffering; epigastrium very tender; pulse normal; tongue moist; no appetite; sensation of drawing about the stomach; impossibility of supporting the least food.

At length the fork passed the pylorus, and went through the small intestines in six weeks, and stopped for thirteen months at the ileo-cæcal valve.

During the passage of the fork through the small intestines, the pain was sharp and intermittent; impossibility of lying upon either side; walking and the slightest movements occasioned pain, and produced a sensation resembling pricking of needles. In the morning, M. Houé can, by palpation, feel the fork distinctly with the hand; he has great difficulty on going to stool.

After remaining five months in the right side, the fork began to dissolve. At this time, M. Houé experienced severe colics and passed matter of a black and brick-dust colour; continual constipation; abdomen much distended and very sensible to the touch; acute pains in the hypochondriac regions; violent colics; disgust; headache; sleeplessness; pulse natural; emission of urine frequent and painful; right testicle swelled. For the next eight months, constipation and diarrhœa alternately; colics less violent; blackish, stercoracious matter; abdomen tender; thirst great. (M. Houé consulting his taste only, drank from five to six litres of wine daily, and at breakfast thirty grammes of aniseed cordial to expel wind.) Appetite very great; an incessant desire of eating, (five to eight pounds of food per day, without satisfying the appetite.)

The patient nevertheless resumed nearly all of his former

occupations, and recovered his strength. Towards the 10th of December, 1848, Houé experienced such violent colics and weakness, that he was near dying.

I was again called. On my arrival, I found the abdomen distended; a dull and deep pain was felt in the right iliac fossa; obstinate constipation for some weeks past; tongue moist; pulse natural. After taking 60 grammes of castor oil, which caused a large evacuation, he was relieved. From this period he has not suffered, believed himself rid of the fork and continued his ordinary occupations.

At length, on the 8th February, 1849, twenty months after swallowing the fork, M. Houé suddenly experienced pains in the lumbar region and a desire to go to stool. Stool copious, composed of bloody fecal matter, in which M. Houé found a large portion of the fork. It was the portion between the handle and teeth.

He is now perfectly well, and experiences no inconvenience whatever.

The treatment consisted of flax-seed tea, cataplasms, emollient injections and laxatives, (castor oil.)—*Med. Gaz. of Paris.*

*On the Influence upon Health by the Introduction of Tea and Coffee in large proportion into the Dietary of Children and the Labouring Classes.* By SAMUEL JACKSON, M. D., Prof. of the Institutes of Medicine in the University of Pennsylvania.—(*American Journ. of Med. Sciences.*)

Tea and Coffee enter more largely into the diet of the people of this country than into that of any other. The ordinary breakfast and supper of thousands of persons in every part of the United States, are tea, coffee, and bread; while tea, bread, and potatoes, with occasionally a modicum of meat, constitute their dinner. Even children, as soon as they are able to sit at meals, are habitually placed at the family table, and allowed to partake of the same food as adults.

In the poorer classes, the evil of a common diet for all ages cannot probably be avoided. It is one of the causes productive of the greater mortality of the children of the poor. But this injurious practice, which with the poor is to be regarded as an inevitable misfortune, is followed by those who are placed in circumstances above the necessity of it. In them it is most condemnable, and can be excused only on the plea of ignorance.

The classes in which the kind of alimentation alluded to prevails, are female teachers, seamstresses, factory women, weavers, tradesmen, small retailers, clerks with families, and

others living on restricted means, and very generally farmers in the country. [Not true of farmers at the South.]—*Edt. M. and S. J.*

The inducement for its adoption is its economy, as to money, time, and fuel—a meal of coffee, or tea and bread, or the addition of potatoes, for a small family, will not cost beyond a few cents, while it requires but little fuel and a very short time for its preparation. Tea and coffee are, besides, very palatable, produce temporary exhilaration and force, and abate hunger. Coffee, as will be shown, is not devoid of some nutritive properties. Ostensibly answering, in this manner, the purposes of food, tea and coffee have, from the considerations of cheapness and convenience, become the substitutes of more substantial diet.

In this country and England, chiefly, tea and coffee are introduced into the daily meals as aliment. In China, tea is used as a refreshing and cordial beverage, presented to visitors, or drunk between meals; in the East, coffee is regarded in the same light, and employed in the same manner; on the continent of Europe, coffee is extensively used, but more as a cordial drink, or to flavour cream and milk, than as aliment.

In prosecuting this inquiry with a view to the effects on the economy, of tea and coffee, some preliminary matters require previous examination.

Every one knows that food is indispensable to life. But what is this connection between them? How is it that food is an indispensable condition of life? The solution of these questions is necessary to the understanding of the nature and objects of food, to determine the value of any alimentary articles, and to settle the pretensions of any substance for a place in the category of food.

Before examining the relation existing between food and life-action, it is important to obtain an accurate idea of what is life, or organic action. This term we limit to a single series or class of phenomena. These phenomena are the evolution or production of specific organizable matter, and definite organic forms, from a primary formless organic substance. Albumen is that substance in man and the higher animals. All other phenomena are excluded. They are subordinate to, depend on, but are indispensable to maintain life-action.

Organized tissues and organs worked out by life-action, are the instruments of life. They differ widely from each other. Each has its special office. The phenomena of each are special in character and purposes. They are the same as similar phenomena in the exterior and inorganic world. They can be properly understood and studied only in their connexion



with those phenomena. Some are chemical, as the transformation of abdomen, the processes of digestion, secretion, and the oxidation of carbon and hydrogen in the blood producing animal heat. Others are physical, as the capillarity of tissues, imbibition, endosmose, atmospheric pressure, and Graham's law of the diffusion of gases, in respiration; others are dynamic, as the excitor, motor, and other forces of the nervous system; others, again, are purely mechanical, as the actions of the muscular system.

Not one of those is properly an organic or life-phenomenon. They are indispensable to maintain the condition of the existence of life, or organic action. They are chemical, physical, dynamic, and mechanical actions, executed by organized and living apparatus and instruments, for the objects of life.

The organizable matter and organic forms are the products, and, consequently, the expression of existing forces or causes of action. Forces, matter, and form, are indissolubly connected with, and give rise to, phenomena or function; and, inversely, function and phenomena, are the correlatives of force, matter, and form. Organized matter, from its nature, cannot be persistent. Under normal states, force, matter, form, and function or phenomena, are permanent; but the structural material itself is not permanent—it wastes, decays, disintegrates, and is reproduced in every act of life. Life-action is thus resolvable into two inseparable actions, or links of one action, a birth and a death, the formation and destruction of the organic material of our structure.

The supply of the primary organic substance for this incessant renewal and building up of the organized structure and maintenance of organic forms, is derived from the blood. This fluid, in its natural state, is a concentrated solution of all the solids and products of the animal economy. The amount of azotized or albuminous compound matter destroyed in twenty-four hours by life, or organic action, may be taken, on an average, at two to three ounces.\* The blood would rapidly become impoverished and unfitted for life objects, unless its losses of albumen and its organic derivatives were constantly restored. The renewal of the organizable or plastic material of the blood, and its maintenance in its normal composition, for structural formation, is one of the offices of our food. Repeated analyses have demonstrated that, of the aliment that is adapted to healthy nutrition, one-eighth part only consists of albumen, or its protein compounds, or their derivative compounds; and whatever is devoid of those substances—that is, the chemical combination of carbon, hydrogen, nitrogen, and

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\* Dumas, *Chimie Physiologique et Medical*, p. 463.

oxygen, in the proportion to constitute protein ( $C_{40}H_{30}N_5O_{12}$ \*) or albuminous compounds—cannot perform the office of food, or be fitted for nutrition.

Another condition, not less indispensable to life-action, than organizable or plastic matter in the blood, is a definite temperature. For man and the warm blooded animals, the heat essential to healthy, vigorous life-action is  $98^{\circ}$  to  $100^{\circ}$  F. So important is heat to life, that nature has made provision for its constant disengagement in the economy. This is accomplished by the incessant oxidation of carbon and hydrogen in the blood. The temperature of this fluid is thus kept at an equable point in every part of the economy. Every organized molecule requires, for the exciting and sustaining of its life-action, the presence of plastic or organizable material, and a definite temperature.

The blood furnishes both these indispensable conditions of life-action to each living molecule.

The carbon and hydrogen oxidized in the blood, and in this manner generating animal heat, are obtained from the food. Nature has made most ample provision for the supplies of these chemical elements, by constituting them a large portion of the food of animals. Not less than from six-sevenths to seven-eighths of the alimentary substances of animals consist of non-azotized bodies. Fatty, starchy, and saccharine matters, are of this character; they are not adapted to or intended for nutrition, but solely for the purpose of calorification, by their combustion or combination with oxygen introduced into the blood by the processes of respiration. This proposition is demonstrated in the composition of the alimentary portion of milk. The casein or plastic matter for nutrition, averages 13 per cent., the calorificent, or the cream and sugar of milk, 87 per cent.

Temperature is required not only for life-action, but also for the dynamic forces, and mechanic power and actions seated in and performed by the muscular apparatus.

The identity of heat and mechanic force has been established by M. Joule.† It is expressed in the following formula; the heat required to raise one gramme (15 grains) of water one degree (cent.), is capable of raising 432 grammes (3700 grains) one metre, or  $3\frac{1}{2}$  feet.

According to the estimate of Dumas, the quantity of carbon consumed by a man in good health (valuing the hydrogen by an equivalent proportion of carbon), averages from seventeen to twenty-eight ounces per diem. The large amount of heat

\* Mulder.

† Comptes Rendus, tome xxv., p. 209.

thus disengaged, is the sum of the dynamic or excito-motor force of the nervous system.

By the establishment of the above facts, we obtain precise ideas of the nature of food, its objects in the economy, and the modes of its operation. We are enabled to say with certainty what substances are or are not food; and to fix the relative value of each article of diet.

From these investigations, it is ascertained that alimentary substances form two distinct classes, differing from each other by the most striking diversities of nature, composition, and operation.

The first class are the protein or albuminous compounds. They have nearly the same chemical composition as the tissues, are isomeric with many of the immediate organizable materials of animal structure, and are exclusively destined to nutrition proper, or the reconstruction and repair of the solids.

No substance in which this especial chemical composition, protein and its compounds do not exist, can belong to this class, or can be employed in the economy for its nutrition. Some of the most eminent organic chemists and physiologists appear to suppose, that any organic nitrogenized body may answer for nutrition. This is not so. Morphia, quinia, strychnia, urea, taurine, as well as theine, and caffeine, are organic nitrogenized bodies, yet cannot be ranked as food. It is the possession of the specific combination of which protein is the base, that can alone entitle any substance to rank in this class.

The second or calorifacient class of aliment, comprehends those special chemical compounds, hydro-carbons mostly, that are capable of prompt decomposition into carbon and hydrogen in the blood. No other organic substances, though rich in carbon and hydrogen, are capable of entering into this division of aliments.

The normal substances of this kind are glucose and lactic acid, into which saccharine and amylaceous substances are converted by the process of salivary digestion; and fatty matters, modified and reduced to the finest and minutest particles possible, in the emulsion formed with them by the pancreatic and biliary secretions.

This last class is the more immediately connected with the maintenance of life. It is established by the experiment of Chossat,\* that death from starvation does not occur from inanition, or the waste of the organs, but from the cooling of the blood, from the absence of the carbon and hydrogen requisite to carry on the process of combustion and the generation of caloric.

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\* *Recherches Experimentales sur l'Inanition*, Paris, 1843.



With the preceding facts ascertained, we can now proceed to investigate the claims of tea and coffee, to be regarded as properly belonging to either of the above classes of food.

Theine and caffeine, according to Liebig, are the essential elements of tea and coffee. The two are identical as to chemical equivalents. The formula for each is  $C_8H_5N_2O_2$ . M. Payen, in a later and more elaborate examination, gives a somewhat different formula, but not such as to vary their properties to any extent. Liebig considers them as closely approximating to alloxan,  $C_8H_4N_2O_4$ , a principle obtained from urea, by the action of concentrated nitric acid; and to taurine ( $C_4H_8NO_4$ ), a principle which may be obtained from ox bile, but not from human bile.

In this view, tea and coffee must be excluded wholly from the classes of aliments, to which theine and caffeine can have no pretensions.

But M. Payen, in 1846, in a communication to the Academie des Sciences,\* presented a highly laboured and accurate examination of the proximate constituents of coffee, which unquestionably brings it, at least, into the category of aliments, as it contains the constituents of both classes.

The following is his analysis of coffee : †

Cellulose	-	-	-	-	-	34
Fat substances	-	-	-	-	-	10 to 13
Glucose, dextrine, and an indeterminate vegetable acid	-	-	-	-	-	15.5
Legumin, casein (gluten)	-	-	-	-	-	10
Chloroginate of caffeine and potassa	-	-	-	-	-	3.5 to 5
Azotized organic matter	-	-	-	-	-	3
Free caffeine	-	-	-	-	-	0.8
Insoluble concrete vegetable oil	-	-	-	-	-	0.001
Fluid aromatic essence of sweet odour, and a less soluble acrid aroma	-	-	-	-	-	0.002
Mineral substances, potassa, lime, magnesia, phosphoric, sulphuric, silicic acids, and a trace of chlorine	-	-	-	-	-	6.697
Water	-	-	-	-	-	12
						<hr/> 100

From this comparison of coffee, it is evident the grain is endued with nutrient or plastic and calorific elements, and, consequently, is an aliment; yet the proportion of those elements is not sufficient to place it in a high rank in either class,

\* Comptes Rendus, Tomes xxii., xxiii., 1846.

† Comptes Rendus, Tome xxiii., f. 249.

or to justify the substitution of its infusion as a chief material of food, by those who are engaged in active and laborious pursuits.

But when the quality of the weak infusion almost generally used as food, and the consequent very small proportions of the alimentary elements held in solution in it are taken into consideration, the disparity between the waste of the blood and the elements for its reparation contained in coffee, become strikingly displayed. The ordinary coffee of the laboring and industrious classes, is little more than warm water colored and aromatized by coffee. It contains but a very small portion, if any, of the nutritive and calorific elements. It is impossible, with such diet, to maintain in the blood the two indispensable conditions of life-action and nerve-force, organizable material and heat.

Coffee, to be prepared as food, should be first but slightly roasted, merely browned and rendered crisp, so as to be easily reduced to a coarse powder. A concentrated infusion is then to be made by the process of displacement. There should be added to it an equal, or double its quantity of cream or good milk, and be sweetened with sugar. An alimentary drink is thus prepared, possessing all the requisites of good food, with the addition of a specific excitant action on the nervous system and brain, that entitles coffee to the appellation bestowed on it by Rousseau, "*boisson intellectuelle*."

The ordinary miserable preparation of coffee so extensively used as food, deficient in proper alimentary principles, by taking away appetite, by distending the stomach with a warm liquid, and thus impairing its digestive power, and by its agreeable aroma corrupting the taste, rendering more nutritious food unpalatable, tends to the ultimate impoverishment of the blood. This fluid loses its proper character, that of a concentrated solution of all the organic elements and products of the economy.

As a consequence of this condition of the blood, the waste of the tissues exceeds the repair, death-action is stronger than birth-action; disintegration of structure predominates over its reformation. In time this loss of balance tells: the organs are degraded from their primitive type; their functions are impaired, and the organism descends in the scale of development. There is an approach to inferior organisms, and to cold blooded animals; or, rather, the system is kept permanently in what constitutes the cold stage, or tendency to collapse in febrile diseases.

In this state, individuals suffer from a variety of vague anomalous symptoms, characterizing no definite disease. They are always ailing, complaining, suffering, but not absolutely sick.

They are miserable themselves, a plague to doctors, the prey and victims of quacks.

In this condition of the economy, the temperature is low. Dynamic force, which is identical with heat, is equally depressed; and, consequently, the mechanic or muscular power is at zero, and the offices of the economy depending on it are imperfectly performed. The circulation is feeble, digestive movements slow and defective; languor and exhaustion prevail. Exercise augments the evils by expending the forces more rapidly than produced, and the nervous functions are in a state of perturbation or depression. These disordered states are the results of a slow inanition or starvation, not suspected, because food is taken to the full repletion of the stomach; yet still it is starvation, for the blood does not possess the elements for heat and nutrition adequate to the full energy and the consumption of life-action. These cases are not remediable by medicine; they can be relieved only by a restoration of the digestive functions, and a return to a wholesome and appropriate diet.

Cases of this character have augmented in our towns and cities, and it is believed in the country, particularly amongst women, and in the industrious and laboring classes, in the last ten or fifteen years most rapidly. The neuroses, as gastralgia, different visceralgias, and other forms of neuralgia, are now quite as common amongst those classes, if not more so, than they were formerly amongst the luxurious and idle, to which they were almost exclusively confined.

A suspicion has arisen that this circumstance is to be attributed to the perversion of the use, as food, of tea and coffee, from their proper employment as nervous excitants and cordials, which are their appropriate properties. On inquiry it is almost uniformly found, at least, in the observations of many medical practitioners, that the greatest sufferers from these disordered states, are the inconsiderate consumers of tea and coffee, who substitute them largely for food.

It would extend this inquiry too far to enforce the above views by relations of specific cases. A large number could be cited as strongly illustrating their correctness.

The practice of giving tea and coffee to children at their meals cannot be too strongly reprehended and discountenanced. In the first periods of life, the most nutritive food, rich in plastic elements and capable of favoring the highest organization, is that which is required for growth and development. In the first fifteen years, nature is employed in constructing and perfecting the mechanism of life, fitting it for the conflicts, the exertions, the labors it must encounter and undergo in the



struggles and difficulties of the great arena of the world, as well as with exterior malignant influences hostile to its existence, to which it is incessantly exposed. Without good materials there cannot be produced a good fabric.

Whatever tends to excite, to render irritable, or to develop unduly the cerebral structure and functions in children, is of necessity injurious. The bills of mortality show the fearful ravages in the early years of life from cerebral disease; and the foundation of most of the neurotic diseases and of ill-health in adult life, dates from the abortive efforts of nature to build up substantial organs from the paucity and poverty of the building materials, or the abnormal direction imparted to nutritive action, by over-excitement, in the commencement of development.

Tea and coffee being cerebral excitants cannot act otherwise than injuriously on children, in whom there exists no object for such artificial stimulation. Indirectly, they are mischievous by taking the place of food that contains all the elements and constituents of the fluids and solids of the organs and their products. They should be abolished from the dietary of children in all well-regulated families, and by parents careful of their childrens' welfare.

The analysis of tea is not complete, like that of coffee, by M. Payen. As far as known, it contains no alimentary elements, and cannot be classed with food. It is a purely cerebral excitant.

Though the grain of coffee has amongst its constituents alimentary elements, yet in the common slovenly process of torrefaction, the calorific principles are destroyed; and the plastic are also more or less decomposed. But when more carefully performed, and these principles are not materially injured, still a small portion only can be dissolved in the infusion or decoction made in the ordinary mode.

The infusions of tea and coffee cannot, therefore, be used as food, and be made substitutes for nutritious aliment, without a serious detriment to the economy. They are cordial beverages, and as such are grateful and useful, especially to those engaged in mental pursuits, and who lead sedentary lives. They must, at the same time, be combined with substantial nutriment, or the blood becomes impoverished, and fails to contain the materials for organic structure, evolution of nerve-force.

In proportion to the degree of physical exertions, are the wear and tear of the solids, and the expenditure of the forces. The elements to maintain these in their normal conditions, must exist in the blood, and the blood obtains them from the aliment in

which they exist, through the digestive apparatus. Tea and coffee largely drunk at their meals by those engaged in active and laborious pursuits, by excluding a due quantity of substantial food, rich in the plastic and force-producing elements, are more injurious to these classes than to the sedentary.

The inevitable consequences of this practice must be to undermine the constitution, to impair the health, to break down the forces, to cause various nervous sufferings, and finally to produce disability for labor.

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*The Sectional Teachings of Medicine.* By DANIEL STAHL, M. D., of Quincy, Ill. (N. Western Med. and S. Jour.)

Is "sectional teaching" of the practice of medicine useful or necessary? or "to treat diseases understandingly, is it requisite for the student to be educated in the localities where they prevail?" These are questions which are now asked and discussed in the circles of Medical men, and in the medical papers of the United States, and concerning which I think we ought to come to some understanding. Having no connection, directly or indirectly, with any medical institution, and having no private ends to accomplish which, in the remotest manner, could possibly bias my judgment, I trust that you will consider the opinions which I shall take the liberty to advance here, as the expressions of an honest conviction—a conviction which has been forced upon me in the trying school of an experience to which I look back with any other than pleasurable feelings.

The physical or material man is every where the same; his organization, with but very slight qualifications, is the same on the sandy plains of Arabia, and on the summit of the Rocky Mountains; on the banks of the Rhine and on those of the Colorado;—every where man presents the same number of organs in (*mutatis mutandis*) the same shape, and organic chemistry finds the same elements in their composition. The functions of this complex organism are also every where the same in the whole species of that wonderfully constructed animal *homo*. When, therefore, we wish to examine and to study the construction, the composition, and the functions of this living machine—when we wish to study *anthropology*—it matters little *where* we are taught, if only taught *well*—whether at Paris or Vienna, at Riga or Philadelphia. But it is quite different with the study of pathology and therapeutics. Pathological change and remedial agents differ, and must necessarily differ, according to climate, and even, sometimes, according to locality. Does it follow, as a matter of course, that, because

man's physical organization is every where the same, he is, therefore, subject to the same diseases, no matter whether he inspires the mephitic air of the jungles of Bengal, or the balmy atmosphere of the valleys of the Rhine? By no means. The experience of those physicians who have visited different climates will testify to the contrary; works written by medical men in different countries will testify to the contrary. Although the principle of self-preservation is in man, and, consequently, that of reaction against inimical influences, yet the *constant* actions of these external impressions will and do produce an effect either on the whole system or on single organs primarily, and, by sympathy or otherwise, on the whole system. Thus we find that the inhabitants of warm climates are more subject to hepatic affections; in some parts of the world there is goitre, in another plica polonica endemica; in some countries, we find yellow fever and never see a case of the plague; in others we find the plague in its most horrible form and never have an opportunity of seeing yellow fever. Without extending these illustrations any further, I think I have proved sufficiently that our climate and even our locality can predispose to and produce ills from which the inhabitants of another climate or locality are perfectly exempt, and that hence "sectional teaching," in the liberal sense of the word, is indispensable, unless the practitioner prefers the slow process of experimenting on his patients till he has supplied the advantages of "sectional teaching," by his own observations at the bedside and at the dissecting table. To render the illustration, or, if you will, the argument, still more striking, let us suppose a young man of liberal education and all the other qualifications necessary to make him a good physician, from Mississippi or Louisiana, to have studied medicine at Paris or Berlin, and returning to his native state with the most honorable credentials of his proficiency, learning, and skill in his profession, think you that he will be able to treat yellow fever, congestive fever, and all the sequelæ of these endemic fevers, with the same ready tact, skill, and familiarity as he who, during his pupilage, watched at the bedside of patients with such maladies, and who has been taught by men who have observed and treated thousands of such cases? You certainly cannot think so, because you must know that the former had not only no opportunity to see such cases at Paris or Berlin, but they were not even described to him by men who are supposed to have seen them, but by those who have probably *read* outlines of these pernicious fevers, and from these outlines formed a picture of them in their minds—in short this unfortunate Mississippian or Louisianian with his great medical acquirements cannot diagnose and treat these endemical



diseases of his native state with as much skill and efficiency as he who availed himself of "sectional teaching," because he was taught by men who cannot communicate practical instruction either at the bedside or from actual knowledge. Book-learning alone will not do either with the teacher or practitioner; both must have "seen and handled."

You perceive then, that although "all men are created equal," "sectional" influences produce "sectional" diseases, the nature, course, and treatment of which can, from the peculiarity of these influences and their effects on the organism, be taught practically and to useful ends only by those who can speak from *experience*. An ounce of experience, with a little learning, both of the teacher and pupil, is worth more to the patient than never so many pounds of learning without experience. Ask any one of the professors of the theory and practice of medicine in the western medical colleges what, aside from his general medical education, renders him competent to instruct his pupils in the symptomatology, course and treatment of the diseases peculiar to the western country as modified by the influence of its climate, and if he does not answer, "*practical knowledge*," he is incompetent to the task he has assumed, and he violates the trust reposed in him. The fact is, the teacher must have the true picture of the disease he treats of vividly in his mind, and so he must have the picture of all the phases this disease may assume, and such a picture can be impressed on his mind by observations, by the perception of his senses, and by no other means; and all the sophistical talk about the general principles of medicine, etc., etc., in order to get around the necessity of this "sectional teaching," I consider as coming from men who do not know better or who will not know better. What renders the works of Eberle, Bell, and other American authors, and the monographs (as far as the practical part is concerned) of Dr. S. Cartwright so useful and valuable to us but the truly practical instructions they contain concerning the diseases of this country? and could these have written as they have if they had not seen and treated these diseases? Certainly not. Dr. Bell, in his "lectures," frequently appeals to *his experience* in deciding points of controversy in relation to the treatment of our diseases, and in the preface to his "Bell and Stokes' Lectures," he says—and this I cite as a potent argument for "sectional teaching,"—"and by steadily bearing in mind the wants and expectations of the American practitioner for information respecting the fevers of the United States and analogous climates, rather than those of European hospitals, camps, and jails, less disappointment, it is hoped, will be felt at my abbreviations on this head, (the literature and history of

fevers). I have curtailed to some extent my former lectures on congestive fever, but have still retained those distinctive features which imparted to them that interest in the minds of the physicians of the South and West, which I was sanguine enough to anticipate when I first took up the subject, etc., "*for a complete elucidation of the nature and treatment of which* (Southern and Western fevers) *they* (the physicians of the South and West,) *must not look to the hospital statistics nor to the collegiate teachings of Europe,*" etc. And in an article in the October number, 1846, of "The Bulletin of Medical Science," (vol. iv., No. 10,) this same distinguished writer, (Dr. John Bell,) says, pp. 344 and 345, in reply to Dr. Cartwright's remark, that Dr. Bell has written about as well on congestive fever as any other northern writer who has gone to the north of Europe, where these types of fever never prevailed, to get information, instead of coming South or turning to Hippocrates—"It is not easy to reply to an assertion which could not have been made by any person in his right senses, who had ever read the lectures on congestive fever. He would then have learned readily enough that Dr. Bell did *not* go to the north of Europe to get information on this subject, but that he *did* go to the South, not only in the sense intended by Dr. Cartwright, viz., by consulting those who had southern experience, but, still more, that he went, himself, South, and that by many degrees nearer the equator than either Dr. Cartwright or any of his state rights medicine party. Dr. Bell studied medicine and observed disease in Virginia," etc.

Many of the diseases of the Western States, particularly of the valley of the Mississippi, require a different treatment from similar diseases of Europe and even of the Atlantic States; others, again, we have here, which are absolutely unknown either in Europe or in New England. If the doctrine of the catholicity of medicine be correct it ought to be indifferent whether a physician is educated at Berlin, Paris, or Chicago, provided he obtains good and sufficient instruction, and this instruction received in any one of these places, ought, consequently, to enable him to practice his profession any where on the habitable globe. But is this attainable? I think not; and to prove this, let us suppose a physician fresh from the best university and hospital of Europe to visit a patient laboring under that dreadful scourge of American infants, *cholera infantum*, and what will be his diagnosis? Anything but the real disease. Or let him be called to a case of *milk-sickness*, (N. B. Do our eastern brethren know any thing about this?) and is it at all probable that he can diagnosticate and treat the case correctly? It is almost impossible, because even syste-

matic works on the theory and practice of medicine rarely contain any notice of this disease—a disease which the practitioner in Kentucky, Indiana, and other western States has so often to encounter. Admitting that these two complaints are American and that the European cannot know them except by reading, and we can therefore not pre-suppose him to possess any knowledge of them, let us invite him to the bed-side of a patient, who labours under a malady that is found both in Europe and America. I mean the disease which is here vulgarly called *winter fever*. I doubt not but what our stranger will properly diagnosticate the case; but finding the patient the resident of a log cabin standing upon the banks of one of our western rivers, (and there or in similar locations is where we mostly find these cases of pneumonia notha,) does any western physician suppose that he can treat it with safety? I, for my part, doubt it; at least I would not trust myself in his hands until he had gained the knowledge of its course, etc., by experience.

I could extend these illustrations, but I trust that these few will be sufficient to prove the necessity of acquiring a knowledge of those diseases, which it will be the future lot of the practitioner to treat, not only from men who from *experience* know them, but also from observation at the bed-side.

Let one of those who maintain that “the great principles of pathology and therapeutics can never be sectional,” (and this position I will say, en passant, I don’t altogether dispute, I only dispute the “universal application” of subordinate principles:) be taken sick of yellow or congestive fever, let him be surrounded by Schoenbien, Louis, Williams, Mitchell and Cartwright, and let him choose one of these to attend him professionally. Is it likely that he would take the Berlin or Paris, or even the Philadelphia professor, world renowned as each of them may be, when he has at his command the services of a Cartwright, who has spent the best years of his life in observing, studying and treating these diseases? I trow he would trust to “sectional medicine,” and sectional treatment too. Or if this same man—this opponent of “sectional teaching”—wishes his son to study medicine with a view of locating at Natchez, New Orleans, or St. Louis, or even at Quincy, would he not advise him to obtain instruction in relation to the diseases incident to these localities from physicians who know them from *experience*, in preference to those who know them but by *reading*, or judge of them by “analogy.” Most assuredly he would.

To avoid misunderstanding, I must beg you to consider my advocacy of “sectional teaching” in that sense in which alone



it can be reasonably defended, or is necessary or salutary. To say that the European schools, or the schools on the other side of the Alleghanies, cannot impart to our western physicians a good general scientific and practical medical education would be an absurdity; but, notwithstanding this concession, I think I have shown sufficiently in the preceding remarks that these European and Eastern schools cannot teach their pupils the symptomatology, ætiology, course and treatment of our western diseases. As well of western physicians, western schools, and western hospitals; and I wish you to bear it in mind *that to this class of diseases* (to treat which, by the by, is two-thirds of the employment of a western physician) *I confine my advocacy of "sectional teaching."*

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*Letter from Dr. Reese on the Cholera.*—(New York Commercial Advertiser.)

MESSRS EDITORS.—The numerous inquiries addressed to me from various and distant portions of the country, in relation to the epidemic cholera still prevailing in our city, have induced me to solicit the privilege, through your columns, of giving a general answer, my public duties forbidding an attempt at individual replies. My residence in a public hospital precludes the imputation of mercenary motives in this communication, and in the hope of being useful I am indifferent to any other.

And first, to those with whom my professional opinion may be of any worth, I wish to say that the present epidemic is identical in all respects with that of 1832, in its nature, symptoms, malignity and fatality, nor has it differed in any important particular in the pathological results revealed by dissection.

Of its origin and remote cause the profession are as profoundly ignorant as they are of the atmospheric poison upon which intermittent, remittent, and yellow fevers depend, and not a whit more so. For, after all the theories which have been promulgated, we know absolutely nothing of the *intrinsic* nature of any other morbid poison infecting the atmosphere. Nor is it any reproach to the profession that such is the fact, since from the impalpable and inappreciable character of the subject, by any known tests or instruments, these morbid poisons are inscrutable in the present state of human science. This sober truth is felt everywhere, and honesty demands its frank acknowledgement, if we would retain any share in the public confidence.

The history of our present epidemic in New York is well

known. The obvious indications of the presence of the cholera atmosphere in our vicinity were manifested last December, when cases occurred at our quarantine, and a few sporadic instances were observed in the city. There cannot be a rational doubt that we should then have been visited with the epidemic but for the cold weather of Winter, which, so far as second causes were concerned, suspended its influence. For whatever may be said of Russia and other cold climates, all history and all experience have established the fact that on our Atlantic coast neither yellow fever nor cholera can prevail *extensively* during the existence of frost, or with the mercury below 32 degrees of Fahrenheit. The suspension of the cholera until Spring, and the absence of all just ground for apprehending an epidemic in the Winter, constituted the subject of a letter from me, published at the time in the Commercial Advertiser. And though my opinions were then uncourteously treated by certain editorial philippics, time has fulfilled to the letter what I ventured then to predict from our knowledge of the laws of the epidemic, derived from history and experience.

After the suspension of the epidemic until Spring, not until the warm weather began to develop the exhalations from the filthy localities of the city did cholera assume any thing like an epidemic form. These exhalations constitute the *pabulum vitæ* of cholera, and in these and no where else, so far as we know, it "lives, moves and has its being." Hence, first at the "Five Points," and next in the other sections of the city, sometimes miles apart, where a similar dense and filthy population are found, did the present epidemic commence its ravages. Radiating from these points, as the impurities of the air accumulated and extended, has the disease spread its ravages, all the while finding the majority of its victims in the crowded apartments and ill ventilated abodes of squalid poverty, and especially where intemperance and kindred vices abound.

Meanwhile that the cholera atmosphere is hovering over our entire city is rendered certain by the universal predisposition, of which most of our population have evidence, in the sensible diminution of appetite and strength, imperfect digestion, disturbed stomach, nervous rigors, nausea, and even diarrhœa, vomiting and cramps, all of which are evidences of being affected by the morbid poison, and are premonitory of an attack, either separately or together; if they be either *neglected or mistreated*. They do not however constitute cholera, or even "the first stage of cholera," but are only proofs of existing predisposition, and call for immediate attention and treatment, as hereinafter advised. For want of this discrimination and be-

cause of the contrary having been put forth on pseudo-medical authority, the multiform varieties of quackery have vaunted a host of *cures*, when neither of their cases of so called cholera was any thing else than premonition of the malady, their means of prevention, whether right or wrong, having no curative tendency in cases of cholera, if fully developed by the characteristic or pathognomonic signs.

But the evidence of this universal predisposition is still more apparent in the certain attacks of many temperate and discreet persons, even in the most healthy sections of the city, by reason of some exciting cause, as by a casual excess, or imprudent indulgence in food or drink, by which the digestive functions are disturbed. Not less obvious is the proof furnished in other cases occasionally occurring, in which no indiscretion can be traced, and which are yet sudden and fatal, with or without the usual promonitions.

Still farther evidence of this hovering over our city of this cholera atmosphere has been supplied by the simultaneous prevalence of the epidemic in Brooklyn and adjacent places, as well as by its terrible ravages in the Penitentiary, Lunatic Asylum and Alms House, all of which are on Blackwells' Island, at least 4 miles in a direct line from the localities of the city suffering at the time of its commencement there, without any but scattered cases in the intermediate distance.

It is vain affectation, or worse, therefore, for any portion of the press to conceal or mystify the fact that the pestilence is doing its work, and that the air we breathe bears upon its bosom the invisible, intangible and unknown poison upon which cholera depends. We know it by its effects every where apparent, and painfully so in the death of more than one hundred per day of our population who have become its victims during the last week.

Nor are we authorized, by any occasional variation in the number of cases in any day's reports, to presume on so slender ground to promise ourselves an early subsidence of the destroyer. Indeed without a remarkable interposition of Divine Providence, such as this nation is called upon by its chief magistrate to implore, there is no probable foundation for anticipating the retirement of the disease, in its epidemic form, until Winter shall approach and our city be again under the domain of periodical frost. Then and not till then does the history or known law of the epidemic justify a prediction that there will be an end of the pestilence.

Still, however, there is no ground for panic, and still less hope in fleeing from the destroyer, in view of the wide-spread evidences of the cholera atmosphere all abroad in the land.



But especially have we reason for congratulation in the evidences which are at last constraining the overthrow of professional prejudices, and overwhelming even the ignorance and superstitution of the popular mind with the proofs that the *cholera is not contagious, and that it never was and never will be contagious*. At every step of the march of the present epidemic, new and demonstrable evidences have become apparent that there is no danger in nursing the sick, and no pretext for the cruel abandonment of the dead, to which the fable of contagion has given rise. The common people have seen with their own eyes that the cholera is "*not catching*," and thus being freed from the bondage of contagion in this regard, half the terrors of the pestilence are gone.

But I forbear to say more at present on the general subject, and before offering my advice as to the prevention and treatment, will briefly allude to what I conscientiously regard as a worse public calamity than cholera itself, because to this the very worst results of the present epidemic are to be justly ascribed. I mean the deplorable extent of popular delusion by the devices, frauds and impostures of quackery, which in some one of its Protean forms is daily and hourly promulgating offers of prevention and cure, too often endorsed by the whole weight of the public press, and sanctioned by editorial commendations, whereby its unutterable mischiefs to human life are increased a thousand fold. I speak what I know, when I affirm that in *almost* every case of fatal cholera which I have seen or heard of in private practice in this city, the incurable character of the disease was the direct result either of the loss of time which was occasioned by the inert and useless treatment of homœopathy, or the equally fatal nostrums of the other tribes of quackery.

In common with my professional brethren, I have visited in consultation patients who had been drenched and dosed either with cholera specifics, Brandreth pills, gallons of soda water, sulphur, charcoal, capsicum, camphor, cuprum, veratrum, wet sheets, sitz baths, brandy, opium, teas and ptisans of various "*roots and yarbs*," and subjected to several of these agencies and varieties of treatment, before any rational remedies had been appealed to. Every one of these cases had passed into incurable and hopeless collapse before I saw it and was utterly beyond the reach of human art. That they might all have been saved but for their resort to quackery it is not becoming in me to say, but that *most* of them might have been rescued, if under rational treatment, I have not a single doubt. I speak as a witness, not as a controversialist, and express my honest convictions.

But another unhappy result of quackery, prolific of unmixed evil, has been the wantonly false reports which their mercenary craft has prompted, both of cases and cures, while the deaths resulting among their victims have been cunningly concealed by devices as wicked as they are deceitful. Every person who bought a "cholera specific" from a mountebank, whether he ever swallowed it or not, has been reported a *case* and a *cure*! All who have taken or promised to take a drop of camphorated spirits, or any other homœopathic preventive, whether they ever had any symptoms of sickness except the cholera *phobia*, have been reported as *cases* and *cures*! The sanitary committees of the Board of Health have thoroughly investigated scores of these cases, and have accumulated on their files the documentary proofs of these frauds, all of which will be forthcoming hereafter; too late however to prevent the mischiefs of the present epidemic.

That more than four hundred deaths have been concealed from the Board of Health and detected by the city inspector during the last week, in collecting the interments, is a matter of notoriety. But it is not generally known, as it ought to be, that this large disproportion is occasioned chiefly by the failure of the quacks to report their deaths, while those occurring under the treatment of the regular practitioners are generally reported from a sense of duty.

But a still farther explanation of the mysterious discrepancy between the reports alluded to and the mortality by quackery and cholera, is presented in the enormous number of fatal cases ascribed to dysentery, diarrhœa, cholera morbus, cholera infantum, inflammation of the bowels, &c., during the same period. The whole tribes of quackery have claimed that all or nearly all their cases of cholera are *cured*. Hence, when their patients die, they deny that cholera is the disease, else their specifics would have cured; and they give certificates that they *only* had dysentery, or diarrhœa, or some other severe malady which they could not cure. None are called cholera unless they recover, and all who die are recorded under some other name. It is obvious how valuable to science our statistics must be, the data of which thus abound with the "false facts" of quackery!

In regard to the mortality attendant upon cholera, even under any treatment which our most scientific and successful practitioners have yet employed, candor and truth demand the concession which the profession has every where made, that after the collapse of cholera has been fully developed, recoveries are but rare, except in favorable circumstances of previous constitution and habits. Hence the uniform and earnest re-

commendation of reputable physicians has every where been repeated, that a resort to medical treatment should always be had in the premonitory symptoms, or what has been recently called for the first stage of cholera; and for the express reason that it is exceedingly hazardous to delay remedies beyond the earliest periods of the malady.

It now only remains to describe the means of prevention and cure, which, so far as my observation and experience in 1832, 34 and 49 enable me to judge, are best entitled to confidence.

The presence of the epidemic in any neighborhood affords *prima facie* evidence that all persons inhaling the common atmosphere are in a state of predisposition to the disease, by reason of the morbid poison which constitutes the inscrutable cause of cholera. They are all liable to it on any exciting cause, sufficiently potent to develope it. The best means of prevention under such circumstances are,—a calm and quiet state of both mind and body,—the avoidance of all excitement and excess of every kind,—attention to the quantity and quality of food, rejecting every thing known to be indigestible, and observing great moderation in food and drink,—abstinence from spirituous and fermented liquors, and above all taking no physic.

On the earliest appearance of nausea, or diarrhœa, the patient should take the horizontal position in bed and secure absolute rest for a few hours. If the diarrhœa continue, a tea-spoonful of the following mixture may be taken in cold water, and repeated after every evacuation from the bowels. The same remedy and dose may be used if vomiting occurs, with or without pain or cramp, and be repeated if necessary, swallowing pieces of ice before and after, and drinking only ice water.

I give the prescription, which, I may add, has been successfully used in this hospital, and is extensively employed elsewhere by those who have seen its usefulness here.

Take of sulphuric ether, and compound spirits of lavender, each 1 oz., wine of opium 2 drachms, oil of cloves 10 drops. Mix. Dose, a tea-spoonful for an adult, and proportionably less for a child, to be repeated as often as necessary.

My opportunities in this hospital for employing this compound in the diarrhœa, vomiting and cramps which have prevailed here for months past to an unparalleled extent, have been ample. And I ascribe our complete exemption from cholera here, until very recently, and our comparative freedom from any violent epidemic still, while all the neighboring institutions of the city are suffering from it so fearfully, in part to the prompt



resort to it in all cases of premonitory symptoms. No other means has been necessary with us, and no case of cholera has yet occurred among the hundreds who have been thus treated here, or elsewhere, to my knowledge, yet they had most certainly what is erroneously called "the first stage," and many of them with very great severity.

The only cases of cholera which have originated here thus far, and they are few, have occurred without any first stage, or premonition whatever, and most of them were rapidly fatal, having occurred in bad subjects, previously prostrated by disease. In those who have recovered during the present epidemic here and elsewhere, under my observation, there has been very great uniformity in the treatment and in its favorable results; the only difference being between those in the hospitals, and those in the private practice of my professional brethren. In the hospitals the patients, from previous sickness and dissolute habits, have not admitted of bleeding in the incipient collapse, nor has it been resorted to except in a few cases which justified it. While in private practice the disease has been obviously rendered manageable, and the consecutive fever averted, by this practice. So also in the Penitentiary hospital, where I learn bleeding has been eminently useful when resorted to early.

But the chief reliance, after collapse has supervened, has very properly been placed upon calomel, in doses of from 5 to 20 grains, according to circumstances, with or without opium, capsicum or camphor, as indicated in special cases. The dose is repeated every hour or two, as the case requires, and the patient is meanwhile encouraged to eat liberally of ice, which allays thirst, prevents vomiting, and is alike grateful and refreshing.

The auxillary remedies have been sinapisms to the legs, arms and abdomen, with India rubber bags filled with hot water surrounding the body, and frictions with cayenne pepper and other stimulants, when the cramps required it. These means with the employment of calomel as above noticed, have repeatedly succeeded, under my observation, in restoring cases after deep collapse; and bile appearing in the dejections has been the signal of speedy recovery.

I have thus hastily thrown together a summary of my views on this important subject, as perspicuously as possible, and my friends must excuse me from any other than this general reply to their inquiries. At the close of the epidemic, I purpose discussing the subject at length, through some of the medical journals, if life and health permit.

Respectfully,

D. MEREDITH REESE, M. D.

July 25th, 1849.

*Resident Physician of Bellevue Hospital.*

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*Remedy for Cholera.* By L. Cox, M. D., of New York City.

The great point that he makes is, that what are called "the premonitory symptoms" of the Cholera, are the Cholera itself, and must be attacked as such:—

"Diarrhœa, therefore, is regarded as the grand and ruling feature of the disease, and upon its proper treatment depend all the succeeding symptoms as well as the final result. The common Cholera of the country commences in the stomach, with pain and nausea, violent vomiting and then copious discharges, first of the usual fæcal matter, and then of bile, with violent pain in the smaller intestines. In the Epidemic or Asiatic Cholera, on the contrary, neither nausea nor pain is first manifest. The patient is first attacked with looseness, without pain; then come thinner dejections, large fluid passages, and finally pure fluid, of a marked character, in large quantities, with great violence, yet often without pain or nausea. There is, therefore, a clear distinction between the two diseases."

The Doctor then proceeds to treat of the philosophy of the disease, and the way to meet it. Cholera, the doctor regards, as simply a sudden, violent discharge of the fluids of the blood. And this theory explains every symptom of the disease. The exhaustion which follows is precisely similar to that induced by loss of blood, except the difference in the color of the skin: and that is explained by the fact that the water of the blood, instead of the red blood, is discharged. Nausea attends both hæmorrhages. Cramps always manifest themselves in case of death from loss of blood. The sudden reduction of the bulk of the body is ascribed to the same cause,—the loss of its fluids. The same thing accounts fully for the coldness of the surface, as well as for the burning heat of which the patient complains. The collapse of the whole body, the sinking of the eye, the shrivelling of the fingers, and the pinched appearance of the features, all bear testimony to the fact that the blood vessels lose their fluid contents. So also of all the other symptoms.

He closes his treatise with the following directions for Treatment, which we copy in full:

"*Directions for treatment in the absence of a Physician.*—In order to serve as some guide in the absence of a physician, it will be well to recapitulate and to divide the disease into its several stages, briefly stating the several treatments in each.

I. First we have what might be considered strictly the incipient stage. This stage is often unnoticed, or perhaps does not always occur, but it most generally happens, and is characterized by loss of appetite, nausea, slight disturbances in the bowels, feebleness of the muscles, and languor. Here the remedy is.

1st. Rest in the horizontal position, if possible.

2d. The use of cordials, such as eight drops of spirits of camphor,

or a table spoonful of brandy with water as a medicine only, and not to be retained afterwards as a diet drink, and great care to avoid all improper articles of diet and exposure of the person to irregularities of temperature.

II. Then the stage of diarrhœa comes on, without pain, and is marked by its insidiousness only. The remedies are—

1st. Rest on the back.

2d. The use of a suppository of opium, consisting of one grain, which is calculated only for the beginning of the diarrhœa, and this is often sufficient to arrest the disorder without further activity in the treatment.

3d. In addition, the patient should use camphor or brandy as before directed, either ammonia, or other cordials.

III. The next stage may be regarded as the advanced period of the diarrhœa, when the fœcal contents of the bowels having passed off, there is simply the discharge of the rice-water. This is the immediate precursor of collapse. The remedy here must be more potent than in the former cases.

1st. Rest in the horizontal posture.

2d. An injection of from two to four teaspoonfuls of laudanum, to be instantly repeated if the first dose does not remain. This frequently closes the bowels for a period of from three to five days. If at this moment, before collapse takes place, you can succeed in arresting the discharge from the bowels, the patient is safe. If not, he will assuredly die.

3d. The next object is to restore the fluid to the blood. If nausea or vomiting prevail, the best remedy is ice or ice water. Chicken tea and other drinks should be freely used.

4th. The cordials are then of importance. Brandy and camphor are all important, but nothing without opium can be relied on.

IV. When collapse has taken place, the same indications of treatment remain, but in a degree more urgent. The same treatment in larger quantities must be used. They will be often successful, and probably always, provided coagulation of blood has not taken place. But in that case there is no possibility of recovery.

If the patient will implicitly obey these principal directions, there is positively no need to fear the pestilence, otherwise so fatal. The disease is diarrhœa, easily checked. Of this it is well to be afraid, even when unattended with pain. In its tendency it is fatal; but it is, perhaps, one of the easiest possible diseases to cure, if it be subjected to proper and timely treatment.

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*Observations upon, and improvements in, the Preparations of Collodion.* By CHARLES S. RAND.—(American Journal of Pharmacy.)

All solutions of prepared cotton, now in use under the name of *collodion*, are liable to objection, on account of the powerful



contraction which takes place during the evaporation of the ether, and formation of the pellicle. In certain cases this is its most valuable property; but where merely a protecting envelope, or false skin is required and the surface to be covered is large, this contractility is an objection which has in many cases prevented its employment, and caused the substitution of preparations, in other respects far inferior. In wounds of considerable extent, such an action would evidently result in the formation of an irregular cicatrix, and even more serious results might follow, from the tension upon surrounding parts.

At the request of those who had experienced these difficulties, I undertook a series of experiments with the view of producing a collodion possessing all the adhesiveness and transparency of the ordinary preparation, but deprived of the contractility. I endeavored to combine with it a solution of gutta-percha in chloroform; but immediate precipitation was the result. Where the latter was in excess, the ether united with it, letting fall the gun-cotton: where collodion predominated, gutta-percha was precipitated.

It would be needless to mention in detail all the subsequent experiments. The terebinthines gave the most satisfactory results. A few trials sufficed to show that but a small quantity of resin of turpentine, dissolved in recently prepared collodion, would totally prevent contraction, and increase the adhesiveness of the preparation.

My recipe is as follows:

Take of Prepared Cotton,	3 ij.
Venice Turpentine,	3 ij.
Sulphuric Ether,	3 v.

Dissolve first the cotton in the ether, add the turpentine, and by slight agitation complete the solution. I have preferred Venice turpentine as the least frequently contaminated by mechanical impurities.

The cotton used in these experiments was prepared according to Mialhe's process, by dipping carded cotton into a mixture of nitrate of potash and sulphuric acid: the ordinary commercial varieties being in all cases used.

The above proportions should be carefully observed, as an excess of turpentine will cause an opacity in the film, while too small a quantity will not overcome the contractile tendency. This opacity—or, more correctly, opalescence—is, however, not permanent, generally disappearing in a few minutes.

When applied to the skin, this preparation forms a perfectly smooth transparent pellicle, more difficult to remove than that of ordinary collodion. Being more pliable, it yields to the motion of the skin and will not crack even after several days' ap-

plication. It might be supposed that the turpentine would render it more irritating; but this is not the case owing to the absence of that mechanical stimulus, so powerfully displayed in the former solutions.

The addition of two drachms of mastic to the above may be at times advisable, if the pellicle be required of great toughness and strength; but it dries more slowly, and remains opalescent longer than that containing Venice turpentine alone. This preparation is much more suitable for the purpose of a varnish, than as an application to the skin.

The label of a small vial was coated with it, and exposed thirty-six hours to the action of cold water which was afterwards raised to the boiling point—without any effect, except a temporary destruction of transparency. Cold and boiling alcohol were alike powerless.

Myrrh, balsam of tolu and gum benzoin were productive of similar results. Solutions of these in collodion, spread upon plates of glass, and permitted to dry spontaneously, or by very gentle heat, form pellicles, easily detached while yet slightly moist, and which when dry are very convenient for experimental purposes. If a film of perfect transparency is desired, certain precautions must be observed, or failure will result. The solution, after being poured upon the glass, must be partially protected from the atmosphere by an inverted capsule or similiar vessel; a gentle heat applied beneath being advisable.

This mode of procedure has almost invariably resulted in the formation of a perfectly transparent pellicle; while portions of the same liquid evaporated in the open air, became cloudy, white, and sometimes perfectly opaque; an effect due probably to the deposition of moisture from the atmosphere, condensed by the cold surface from which evaporation was taking place: the addition of even a minute quantity of water to collodion, being well known to produce immediate precipitation of a white insoluble substance.

Sheets of this material of any thickness may be prepared as before mentioned, by drying the solution upon glass plates. From a number of experiments upon this form of collodion, it was found that a slight increase in the quantity of Venice turpentine produced a more transparent and flexible film, resembling oiled silk closely in some of its properties; for which, in certain cases, it might advantageously be substituted. It is inferior to the silk in strength, nor can it be sewed, as the stitches give way immediately; but it possesses a great superiority in the absence of lead, which is largely present in the former, and which blackens upon the discharge of pus or other matters containing sulphur, from wounds, ulcers, &c. With

this material no change is produced by any discharge, the number of substances affecting its sensible properties being very small.

If for a plate of glass be substituted a block of marble, the pellicle will present a beautiful crystalline structure resembling closely the film, which forms upon the surface of a saline liquid, when crystallizing. A temporary substitute for ground glass can thus be procured in a few moments.

The singular results afforded by every new experiment upon this interesting and curious substance, induce a belief that other characteristic properties will yet be discovered belonging to it, rendering it of great value and importance to the arts.

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*Bread for Diabetic Patients.* By Dr. PERCY, F. R. S.  
(*Ibid.*, from Chem. Gaz.)

It appears to be now generally admitted, that in the treatment of Diabetes Mellitus, amylaceous matter should in a great or less degree be excluded from the diet. But, as is well known, under such restriction of food the diabetic patient soon becomes weary of the ordinary kinds of azotized matter, as beef, mutton, &c. Hence various substitutes for common bread have been proposed. Some years ago my friend Mr. Morson, of Southampton Rowe, London, prepared, at my request, specimens of bread containing gluten in various proportions. However, the result was not satisfactory;\* it was only relished by the patient when it contained a considerable quantity of starch; and when the proportion of gluten was increased beyond a certain amount, it became so tough and tenacious as to be very difficult of mastication. I have also made trial of gluten bread, brought from Paris by Mr. Morson, but with no better success. Recently Dr. Prout has published a receipt for a kind of bread devised by his patient the late Rev. J. Rigg (*vide Stomach and Renal Diseases*, 5th ed., p. 44); and this is probably the best substitute for common bread which has hitherto been proposed. Some time ago Mr. Charles F. Palmer, of this town, prepared for me with great care, specimens of bread from Dr. Prout's receipt; but patients to whom it was given complained of the difficulty in swallowing it, owing to the large quantity of bran which it contained. Mr. Palmer then suggested the matter of rasped potatoes, left after the complete removal of the starch by washing, to replace the bran. He carried the suggestion into practice, and produced a kind of

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\* I do not mean by this to assert, that bread deprived of a portion of its starch is not preferable to common bread for diabetic patients.



bread which I think well deserves the attention of the profession. It has been extensively employed in the General Hospital of this town, especially by my friends Dr. James Johnstone and Dr. Fletcher, and also by several private practitioners, with decided advantage. In composition it may be considered as Mr. Rigg's bread, in which the bran has been replaced by the residual matter of the potato above mentioned. And in the fact of its being rendered light and porous by hydro-chloric acid and carbonate of soda, precisely as in the preparation of Dodson's unfermented bread, it is, as must be obvious, an expensive article; but with many diabetic patients this will not be an object of consideration. It is improved in taste by being slightly toasted and eaten warm. I here subjoin Mr. Palmer's receipt:—

Take the ligneous matter of 16 lbs. of potatoes washed free from starch,  $\frac{3}{4}$  of a pound of mutton suet,  $\frac{1}{2}$  a pound of fresh butter, 12 eggs,  $\frac{1}{2}$  an ounce of carbonate of soda, and 2 oz. of dilute hydrochloric acid. This quantity to be divided into eight cakes, and in a quick oven baked until nicely browned. At first gum-arabic in sensible quantities was also introduced into this bread, on the ground of the assertion of Prof. Graham, that when that substance is taken by the diabetic patient, the proportion of sugar evolved from his system is not thereby increased, and that consequently it might probably supply matter for pulmonary oxidation. However, it was found that it rendered the bread tenacious and disagreeable; so that its use was subsequently abandoned. I wish it to be understood that whatever merit there may be in the production of this bread, it is entirely due to Mr. C. F. Palmer. My friend Dr. Evans suggests, and I think with reason, that this bread would probably be improved by the addition of a certain proportion of bran. Some gluten might also be added with advantage.

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*Congressional Report on Patented Medicines.*—(American Journal of Pharmacy.)

It was our intention to have noticed the report of Dr. T. O. Edwards upon Patent Medicines, in the last number, but as circumstances placed it out of our power to do so, we now refer to it as a document of too much interest and importance to be allowed to slumber among the things that have been. The Report was presented to Congress on the 6th of February, 1849, and originated in a resolution "ordering an inquiry into the expediency of so amending the patent laws as to prevent the patenting of compound medicines." It commences with the statement "that for many years a vast system of medical

impiricism, sustained by popular credulity and the sanction of government, has prevailed in this country to the serious detriment of the public health and morals;" and it then goes on to point out the iniquity which, with an implied sanction of law, is perpetrated through this system. From the perusal of the report, the conviction to every one of common sense must proceed that every species of quackery is an imposition upon the public, but more especially that species which is sustained by enactments, which through its means have been prostituted to purposes never intended originally. The compounding of drugs can not be regarded as an invention; in accordance with science it is done with advantage, but the principles upon which such compounding rests are as well known and diffused as science itself, and no exclusive right can be set up to some lucky hit in combination, as usually stated in advertisements. It does, in fact, appear as if the genius of ignorance presided over these pretended revelations from the priests of Esculapius. Let us present a few samples, selected for their brevity from among the list of patents accompanying the report:

ANTI-BILIOUS PILLS.—"The following are the ingredients thereof, viz: Pulv. gum scammony, one hundred and forty-four grains; *aloes*, one hundred and forty-four grains; rad. rhei., one hundred and forty-four grains; sap. venet., twenty grains; carb. soda, twenty grains; ol. caryophil. sixteen guttis; tr. *aloes*, sufficient to form a mass, to be divided into one hundred and forty-four pills."

MEDICINE FOR CURE OF FLESH WOUNDS.—"A vegetable extract, for speedily healing flesh wounds in the flesh of man or animals; also, scalds, burns, sore nipples, &c. The *extract* is obtained by *distilling* the bark, twigs, leaves and berries of the common *witch hazel* in the usual mode of distillation, and may be preserved any length of time in well-corked bottles."

ANTI-FEVER PILLS.—"Prescription thereof, viz: Sulph. quinine, three ounces; rad. rhei. pulveris, three ounces; piperinal pural, one ounce; acidum sulphuricum dilutum, (quantum sufficit,) formam massam. Make the above recipe into pills of three and a half grains each."

We have copied these beautiful excerpts literally; they certainly constitute a *genus* in the family of prescriptions. Yet it is to such productions of the human brain, that educated, scientific, skilful and high-principled druggists and apothecaries are lending themselves and assisting to reap a pecuniary profit.

While patentees are not afraid or too simple to conceal their ignorance, more cunning nostrum mongers, in comparative security from disclosure, continue their depredations on the public, and with swelling names and lists of certificates pander

to the credulity of the community. We know an instance where a certificate, purporting to be written by a clergyman, was fabricated in a dry goods store in this city by the young gentlemen clerks as a literary relaxation.

At the present time, when the community are in a state of nervous apprehension with regard to one of the most fatal maladies known to mankind, we are sorry to see the avidity with which the dose-swallowing propensity is taken advantage of by some, from whose standing and tone in society we should expect better things. To relieve symptoms of incipient disease is one thing, but to administer medicine to every one who fancies himself sick is another, as wicked as it is pernicious. We know of a case where a gentleman from the West has absolutely injured his stomach by the quantity of anti-cholera medicines taken. One remedy we have met with purports to be the "Bombay Cholera Mixture," another, the "Western." Surely extremes meet.

We have little hope that nostrum selling will be interrupted, but the sanction of the government ought not to be given to medicines as crude and incongruous as those which are patented. We understand that Dr. Edwards has retired from the scene of his labors, where he has done much for the good of humanity in exposing abuses and staying imposition. May another leader as zealous and talented, be found to succeed him. Had he continued to hold his place in the national councils, he would no doubt have been as successful in carrying the bill for the suppression of Patent Medicines accompanying the report, as he was in the case of the bill to prevent the introduction of Adulterated Drugs.

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*Case of slow Action of the Heart in Fever.* By CHARLES HALPIN, M. D., Cavan.—(Dublin Quart. Journal.)

In reply to the query in the Circular relative to Fever Report, respecting the peculiar phenomena of the circulating system, Dr. Mease and myself, in our joint report on the epidemic fever of 1847, stated that we had met with "nine cases in which the heart's action ranged between forty and fifty beats in the minute, yet all those cases terminated favourably."\*

Since that report was written, I had an opportunity of treating a similar case in the County Fever Hospital: a short history of its course may not be uninteresting.

Ellen G——, aged 18, was admitted to hospital 2d December, 1848. Pulse 96; skin hot; tongue dry, but clean, with con-

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\* Dublin Medical Journal, No. xiii., N. S., Feb. 1849, p. 116.



siderable thirst; no headache. The fever ran its course mildly, and terminated, without appreciable crisis, on the 11th day. On the 14th of December she relapsed; the skin became hot, and the pulse rose to 84. On the 15th it fell to 70, and continued to decline gradually but steadily until the 18th, although stimulants were given very freely. On the 18th the pulse was 42; 19th, 45; 20th, 46. She took seven and a half ounces of whiskey each twenty-four hours. 21st, felt better, but pulse was 44; 22nd, 44; 23rd, 40. Ten ounces of spirits were again taken.

Dec. 24th. Pulse 40. Took the same quantity of stimuli; was up and dressed; and, with the exception of this extremely slow pulse, was apparently well.

Dec. 25th. Pulse 40. On this day she was ordered the acetated tincture of iron, and small doses of tincture of Spanish flies. Continued the spirits; ten ounces daily.

Dec. 26th. Pulse 42; 27th, 52. Took six ounces spirits. 28th, 29th, and 30th, 80.

After this date all remedies were laid aside, and she was discharged on the 6th January, the pulse being then 68.

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*On the Analogy and Differences between Tubercle and Scrofula.*

By M. LEGRAND.—(*Revue Médicale*.—British and Foreign Med. Chirurg. Rev.)

M. Legrand terminates an elaborate and valuable series of papers, abounding in illustrative cases; the fruit, he states, of several years' research, with the following positions:

"1. There undoubtedly exist analogies which we may call symptomatic, between tubercle and scrofula—that is to say, one of these two morbid principles; the tubercular may exhibit itself by symptoms which appear to belong to the other. It is not the case with regard to the latter. 2. Tubercle possesses, so to speak, its morbid individuality, its molecular element—the tubercular globule—which is often met with in the scrofulous manifestations of tubercle. 3. Scrofula is always deficient in the morbid molecular element, and its existence is only proved by the constancy of the effects which are attributed to it. 4. The chief, or even the only seat of tubercle, is in the internal organs, and the external manifestations of the morbid principle irradiate from the centre to the circumference. 5. Scrofula comports itself quite otherwise, and, manifesting itself on the skin or periosteum, irradiates thence towards the internal organs, which, however, it never disorganizes in the same manner as tubercle. 6. Tubercle, in spite of the impoverishment of the blood it always induces, does not destroy, at least in the

early periods, the inflammatory element—the fibrine—which well explains the occurrence of the phlegmasiæ, which so often complicate it, and which always hasten its disorganizing progress. 7. Scrofula likewise impoverishes the blood, but, at the same time, it seems to annihilate the inflammatory element. Thus inflammations rarely complicate it; and when such complication does exist, it often favors the cure of the disease. 8. All the changes observed in the blood and urine of tuberculous and scrofulous patients are evidently consecutive; and they cannot be considered as the cause of these two diseases, whose principle is, nevertheless, very probably contained in the blood. 9. Tubercle is never curable, or, at least, such cure constitutes a rare exception, while scrofula is almost always curable.”

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*On Sanguineous Perspiration.\** By Dr. SCHNEIDER.—(London Med. Gaz., from Casper's Wochenschrift.)

It has often been a question whether, under any circumstances, blood is ever mixed with the fluid of perspiration in human beings. Dr. Schneider remarks that he has several times observed the phenomenon. He mentions having been once summoned to a healthy man, 50 years of age, who, for a period of twelve hours in succession, had travelled on foot: during the journey he had perspired much in his feet; and, on examining them at the end of it, they were found covered as high as the ankles with a sanguineous perspiration, which had also soaked into and stained his stockings. In another case of a healthy young man, Dr. S. mentions having noticed that, after violent exercise, the perspiration beneath the arms was of a bright red colour; and he quotes a similar case from Hoffmann.

In proof that the perspiration over the whole body may also be of a sanguineous character, he mentions one case in which it had been observed in a delicate man after copulation, and then quotes the following still more remarkable case from Paulini. While surgeon on board a vessel, a violent storm arose, and threatened immediate destruction to all. One of the sailors, a healthy Dane, 30 years of age, of fair complexion and light hair, was so terrified that he fell speechless on the deck. On going to him, Paulini observed large drops of perspiration of a bright red colour on his face. At first he imagined the blood came from the nose, or that the man had injured himself by falling; but on wiping off the red drops from the face, he was astonished to see fresh ones start up in their place. This

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\* And he sweat as it were great drops of blood.—Bible.

coloured perspiration oozed out from different parts of the forehead, cheeks, and chin; but it was not confined to these parts, for, on opening his dress, he found it formed on the neck and chest. On wiping and carefully examining the skin, he distinctly observed the red fluid exuding from the orifices of the sudoriparous ducts. So deeply stained was the fluid, that on taking hold of the handkerchief with which it was wiped off, the fingers were made quite bloody. As the bloody perspiration ceased, the man's speech returned; and when the storm had passed over he recovered, and remained quite well during the rest of the voyage.

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*Effects of the Use of Arsenic in Agriculture.*—(American Journal of Medical Sciences.)

**POISONED GAME.**—Dr. Fuller, of St. George's Hospital, has recently called attention to the probably injurious effects resulting from the use of arsenic in steeping seed corn.

"For some months past," says Dr. Fuller, "in certain parts of Hampshire, partridges have been found dead in the fields, presenting a very remarkable appearance. Instead of lying prostrate on their side, as is usually the case with dead birds, they have been found sitting with their heads erect and their eyes open, presenting all the semblance of life. This peculiarity, which for some time had attracted considerable attention among sportsmen in the neighborhood, led to no practical result until about ten days ago, when a covey of ten birds having been found nestled together in this condition, two of the birds, together with the seeds taken from the crops of the remaining eight, were sent up to London for examination. I was requested to undertake the investigation, and the result of my experiments I will now briefly detail.

"I first examined the seeds taken from the crops of the birds, and detected, as I anticipated, a large quantity of arsenic. I then proceeded to ascertain whether the flesh of birds so poisoned might not itself prove poisonous when eaten, and with this view I carefully cut the flesh off the breast and legs of one of the birds, and gave it, together with the liver, to a fine healthy cat. She ate it with avidity, but in about half an hour she began to vomit, and vomited almost incessantly for nearly twelve hours, during the whole of which time she evidently suffered excessive pain. After this nothing would induce her to eat any more partridge. I kept her without food for twenty-four hours, but in vain; she resolutely refused to touch an atom more of the bird. This being the case, I gave her some beef



and some milk, which she eagerly swallowed—proving, beyond doubt, that her instinct, and not her want of appetite, induced her to forego the dainty meal which had just been offered her.

“I cut the flesh off one side of the breast of the other partridge, and, after about an hour’s boiling, obtained, by Reinsch’s process, a thin incrustation of metallic arsenic—thus demonstrating, beyond question, what the previous experiments had left little room for doubting.

“It is notorious that many of the dealers in game are supplied through the agency of poachers and others, who have a direct pecuniary interest in supplying them with the largest possible number of birds. It is certain, moreover, that, if men of this sort were to find a covey of partridges in a field, dead, but fresh and in good condition, they would not hesitate to send them with the remainder of their booty to the poulterer, who would as certainly, without suspicion, sell them to his customers. And, after the experiments above detailed, there can be no reasonable grounds for doubting that these birds, when eaten, would produce disagreeable and injurious, not to say poisonous, effects on those who partake of them. It is obvious, therefore, that in all cases of supposed cholera, or of suspicious bellyache, occurring at this season of the year, we shall do well to make particular inquiry as to whether our patient has recently partaken of pheasants or partridges purchased at a poulterer’s; and it is further manifest that, in all cases of poisoning, or suspected poisoning by arsenic, the fact of the persons having lately eaten of partridges and pheasants must form an important element in the inquiry, and must tend to cast a suspicion on the evidence adduced to prove a criminal intent in the administration of the poison. So that, in a medico-legal point of view, the question is one of the gravest import.”—*Lancet*.

[The subject to which Dr. Fuller has very properly called attention has been pretty fully discussed by Mr. Taylor, in his recently published work on poisons. Mr. Taylor had found arsenic in the flesh of game which had been poisoned by steeped corn, and arrived at the same conclusions as Dr. Fuller. The subject has also been investigated in France, where a commission was appointed by the Academy of Sciences to prosecute an inquiry as to whether the flesh of sheep suffering from the effects of arsenic was poisonous. It was ascertained that the flesh of poisoned animals is noxious; but if they live sufficiently long, the whole of the arsenic is voided in the urine and feces, and the flesh may then be eaten with impunity.]—*Ph. Journ.*

## PART III.

## Monthly Periscope

*Origin of Sugar in the Animal Economy.*—The following conclusions are copied from a memoir on the above subject, by Dr. C. Bernard in the Archives Générales de Médecine.—(*Western Journal Medicine and Surgery.*)

1st. That in the physiological state there exists constantly and normally diabetic sugar in the arterial blood, and in the liver of man and animals.

2d. That this sugar is formed in the liver, and that it is independent of a sugar or starch alimentation.

3d. That the formation of sugar in the liver begins before the animal is born.

4th. That it appears connected with the integrity of the pneumogastric nerves.—D. W. Y.

*Fecundity.*—Fecundity is greater with some than with others. Haller knew families who had sixteen, twenty, twenty-eight, and thirty children. A friend of mine knew a lady of title, who is still a fine and youthful-looking woman, who had twenty-seven children. A patient of mine, at St. John's Hospital, said she had had thirty-two; and a woman, aged seventy, appeared at the Police-office, Bow Street, in May, 1834, who stated that she was the mother of forty children, and that her daughters had twins three or four times.

Sir George Tuthill is said to have stated, that an Asiatic Russian had by his first wife sixty-nine infants at twenty seven births! and, by his second, eighteen at eight births!!—eighty-seven children!!! He was alive in 1782, and aged seventy-five years. Hanhemann, the father of homœopathy, near eighty, lately married a Parisian lady aged thirty-six.—[*Select Medical Library.*]

*Influence of condition of the Brain on the child.*—A medical practitioner of Douglas, in the Isle of Man, mentions the following case:—A man's first child was of sound mind; afterwards he had a fall from his horse, by which his head was much injured. His next two children proved to be both idiots. After this he was trepanned, and had other children, and they turned out to be of sound mind.—[*Ibid.*]

*Non-contagiousness of Yellow Fever.* By E. D. FENNER, M. D., of New Orleans.—Be it remembered then, that ever since the city of Vera Cruz fell into the hands of our victorious army, (March, 1847,) the intercourse between that place and New Orleans has been uninterrupted and very great:

Be it remembered that yellow fever prevails in Vera Cruz all the year round, if there be any unacclimated subjects present:

Be it remembered that between the first of May and August, 1848, about 30,000 men, mostly *unacclimated*, came from Vera Cruz to

New Orleans ; that these men came on ships, and in bodies numbering from 150 to 450 ; that a few cases of yellow fever occurred on board these ships, and at the hospitals and hotels in New Orleans, without *in a single instance* communicating the disease to those around them. In this observation I have the concurrence of *all the army and hospital surgeons*, with whom I have conversed, as well as the physicians of this city and our *Board of Health*.—[*New Orleans Med. and Surg. Journal*.]

*An Anticontagionist Fact*.—M. Stienard, of Valenciennes, mentions in a paper addressed to the Academy of Medicine, of Paris, (May 1st), that a child violently attacked by cholera was kept warm by its parents by being put into bed with them. By this means the child resisted the algide period, eventually recovered, and the parents never had a bad symptom.—[*Boston Med. and S. Jour.*]

*Castor Oil and Spirits of Turpentine in Typhoid Fever*.—Dr. C. W. Crozier, of Russellville, Ky., has communicated to us the particulars of a case of typhoid fever in which, at an advanced period, castor oil and spirits of turpentine were administered with success. The life of the patient had been despaired of by her friends, and her recovery Dr. C. attributes to the use of these remedies, in doses of a teaspoonful each, repeated three times daily. While employing this mixture, he had the patient bathed in tepid ley, the effect of which seemed to be salutary. This practice in typhoid fever, attended with coma and watery discharges from the bowels, was suggested to Dr. C. by Dr. James H. Baker, of Knox county, Tenn., in whose hands Dr. C. says it has been found invaluable.—[*Western Med. Jour.*]

*Helonias Diæcia (Unicorn Plant)*.—To the Editor of the Boston Medical and Surgical Journal. Sir: Having for nine years past used this article in certain forms of disease, as a remedial agent, and found very beneficial results to accrue, I feel desirous of introducing it to the profession.\*

The affections for which it is peculiarly applicable, are such as have their origin in *atony* of the generative organs of both sexes, but *particularly* those of the female.

In leucorrhœa I consider it invaluable. This, as we are all well aware, is a source of infinite annoyance to the patient. How often do we hear complaints of "pains in the head, side, back and loins, loss of strength, failure of appetite, chilliness, dejection of spirits, and occasional difficult respiration, palpitation, fainting, swelling of the extremities," &c. &c. Our first impressions may be that we have a formidable organic malady to contend with, but upon making further investigation we find that the patient, for a longer or shorter time, has had leucorrhœa, and perhaps at the catamenial period an undue flow of

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\* Unicorn is employed by the disciples of the botanical school, as a curative agent. *Vide Mattson*.



that secretion. It is in such circumstances that the unicorn, judiciously administered, has produced the most happy results. I use it with a confidence I attach to *no other medicine*. Under its influence, the patient, whose life heretofore has been almost a burden, soon revives. Her uncomfortable sensations vanish, and ultimately an entire recovery of health and strength is established.

This article may be given in the form of powder, tincture, or syrup. It can be found at Mr. Wm. Brown's, 481 Washington street, Boston. The syrup is the most eligible, and Mr. Brown has prepared this in an exceedingly compact and elegant manner. Dose of the powder, 3jss. ; of the tincture, f 3 j. ; of the syrup, f 3 iij. ; to be taken three times a-day, half an hour before the ordinary meals. The quantity may be increased if the patient bears it well, according to the exigencies of the case but in irritable stomachs nausea, is sometimes produced, when it will be necessary to diminish, rather than to augment the dose.

I. G. BRAMAN.

*Valerianate of Morphine*.—Dr. Wyman, of Cambridge, near the University, has shown us a beautiful specimen of this elegant preparation, valerianic acid and morphine, manufactured in that city at the Lawrence laboratory. It has been tried partially, and is believed to combine the properties of the two articles. If Dr. Wyman would favor the profession with his experience in the use of this new combination, he would confer a special favor.—[*Boston M. and S. Journal*.]

*Homœopathy and the Cholera (Paris)*.—Dr. GUILLOT, attached to the Salpêtrière, annoyed at the little success his treatment of cholera was meeting with, and staggered by the high sounding promises of the adherents of homœopathy, lately gave one of the latter six beds in the above named establishment, the patients to be treated homœopathically. Hahnemann's follower immediately set to work, and began to exhibit, first globules of arsenic, then globules of bryony, and lastly of charcoal. But alas for the poor patients! out of seven thus treated not one recovered! Of course, the homœopathic practitioner was obliged to give up; but he cheered himself with the belief that, after running through the whole materia medica, the true treatment of cholera *must* at last be found. Similar trials have been made at the Hôpital St. Louis with pretty nearly the same results. These facts will be a warning to those who would be inclined to give faith to the magnificent promises of homœopathists.—[*Lancet*.]

*Annihilation of the smell of Musk by Ergot of Rye*.—Some years ago, the emulsion of bitter almonds was found to possess the property of annihilating the smell of musk, and most of the cyanic preparations evinced the same power. According to M. Bertot, a pharmacien of Bayeux, in Normandy, ergot of rye will produce the same effect. "I had, says he, "to prepare a certain number of pills, containing both musk and ergot,—hardly were the two substance mixed, than the smell completely went off so much so, that the patient, who was not

aware of the nature of the pills only noticed the musk by the effects of flatulency.—[*Jour. de Chimie Méd.*, and *Boston M. and S. Journ.*

*Spina-Bifida cured by Injections of Iodine.*—An Indiana Journal reports a case of spina-bifida in a young lady, aged 13 years, cured by Dr. Brainard by the use of two small iodine injections practiced at an interval of twenty-five days from each other, and followed by compression. The tumor was situated upon the sacrum, was nine inches in circumference, and three inches in height, and accompanied by paraplegia and recto-vesical incontinence. The injection, composed of one grain of iodide of potassium, half a grain of iodine, and one drachm of distilled water, was introduced by the subcutaneous method, and allowed to remain in the tumor. The reaction was considerable after the first injection, but quite moderate after the second. Compression obliterated the sac. Radical cure in two months. Amelioration of the paraplegia. In very young children and infants a solution of half the strength of the above.—[*Annales de Therap.*—D. W. Y., and *West. Journ. of Med. and Surg.*

*Re-union of an amputated portion.* To the Editor Boston Med. & Surg. Journ. Sir,—The unexpected result of a small bit of surgery makes it worth reporting. The end of a thumb, with a piece of the nail, was cut clean off by a sharp knife. I secured the amputated portion accurately in its place with adhesive straps. Perfect union has taken place, so that the thumb is symmetrical, which could hardly have been the case had the stump been dressed differently.

WILLIAM INGALLS JR. M. D.

*Quack Medicines.*—We find in *L'Union Médicale*, that at Aurillac, in France, the Sisters of Charity sell more drugs to the public than three apothecaries. They practise medicine without any concealment, and very often take upon themselves to criticise the physician's prescriptions. They likewise sell a large amount of quack medicines, which no regular pharmacien is allowed to keep, and they laugh at the warnings of the medical jury, as they know themselves supported by the local authorities. Thus are the most beneficial regulations concerning the sale of quack medicines frustrated by persons who ought to afford a better example.—[*London Lancet.*

*The Gratitude of Patients.*—The dowager Queen of Sardinia died a short time ago. In her will she expressed the wish that the persons belonging to her household should continue to receive their salary for the rest of their lives. The executors have excepted one class of individuals from this favour, and these are no other than the physicians and surgeons, who were in the queen's establishment. This is the more to be deplored, as the medical men are the only members of the household from which this boon was withheld.—[*Ibid.*

*Method of Soldering cast iron with wrought iron.*—The following

process has been recommended for this purpose :—First melt filings of soft cast-iron with calcined borax in a crucible ; then pulverize the black vitreous substance which is thereby produced, and sprinkle it over the parts which are intended to be united ; after which, heat the pieces of cast and wrought-iron and weld them together on an anvil, using only gentle blows. This method is peculiarly applicable for the manufacture of iron articles which are intended to be made red hot, and are required to be impervious to fluids or liquids ; as such a result cannot be obtained by simple fastening.—[*Amer. Journ. of Science and Arts.*]

*Ink for Steel Pens*, by M. RUNGE. (Polyt. Jour. in Chem. Gaz.)—Ten parts of logwood are to be exhausted with eighty of boiling water. To the solution one thousandth of its weight of yellow chromate of potash is to be gradually added—the liquid turns brown, and at last blue black—no gum is needed, and the ink is not removed by soaking in water. G. C. S.—[*Am. Journ. of Sci. and Arts.*]

## MEDICAL INTELLIGENCE.

*The Cholera.*—It is with sincere pleasure that we announce to our readers the gradual subsidence of this fearful epidemic throughout our country. Recent intelligence from various and distant sections of the United States, leaves no doubt of its regular decline. God grant its complete and speedy extinction.

Through the goodness of a kind Providence, we are able still to report a *total exemption from cholera in South Carolina and Georgia.*

*A Hen Nursing Kittens.*—Our friend and correspondent, Dr. Quintard, formerly of Macon, now of Marion, writes us, that during a recent visit made to Roswell, Cobb Co., he there witnessed a strange phenomenon—a hen sitting on four kittens. When their legitimate mother made her appearance, she was attacked by the old hen, and failing to drive her off, she then quietly stretched out her wings and covered with them the cat and her young progeny.

*Organization of a Medical Society in Twiggs County, Georgia.*

MARION, GEO.

DOCTOR EVE—Dear Sir: On Monday, the 6th Aug., the Physicians of Twiggs county met in this place, and organized a Society, to be known as the "*Twiggs County Medical Society*," and elected the following officers.

Dr. R. A. NASH, President.

Dr. IRA E. DUPREE, Vice-President.

Dr. TALIAF. JONES, Secretary.

Dr. THOS. J. JOHNSON, Treasurer.

The next meeting of the Society will be held in Jeffersonville, on the second Tuesday in September next, at which time and place a public address will be delivered by Dr. CHARLES T. QUINTARD.

TALIAFERRO JONES, M. D., Sec. Twiggs Co. Med. So.



*National Convention for revising the Pharmacopœia of the United States.*—The Convention for revising the Pharmacopœia, which met in Washington in January, 1840, adopted the following resolutions:

"1. The President of this Convention shall, on the first day of May, 1849, issue a notice requesting the *incorporated State Medical Societies*, the *incorporated Medical Colleges*, the *incorporated Colleges of Physicians and Surgeons*, and the *incorporated Colleges of Pharmacy*, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general Convention, to be held at Washington, on the first Monday in May, 1850.

"2. The several incorporated bodies thus addressed, shall also be requested by the President, to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next Convention.

"3. The several Medical and Pharmaceutical bodies shall be further requested to transmit to the President of the Convention, the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals in the month of March, 1850.

"4. In the event of the death, resignation, or inability to act, of the President of the Convention, these duties shall devolve on the Vice-President, and, should the Vice-President also be prevented from serving, upon the Secretary or Assistant Secretary, the latter acting in the event of the inability of the former."

In compliance with the foregoing resolutions, the undersigned, having been informed by the President of the late Convention, Dr. Lewis Condict, that he would be unable, from indisposition, to perform the duty assigned to him, gives notice to the several medical and pharmaceutical bodies enumerated in the first resolution, that a convention for revising the national Pharmacopœia will meet in the city of Washington, on the first Monday in May, 1850.

The undersigned also requests of the several bodies referred to, that they will fulfil the wishes of the Convention, as set forth in the second resolution; and, further, that they will transmit to his address, on or before the first of March next, the names and residences of the delegates whom they may appoint, in order that a list of them may be published, as directed in the third resolution.

GEO. B. WOOD, M.D.,

*Vice President of the Convention of 1840.*

Philadelphia, May 1st, 1849.

*The Western Journal of Medicine and Surgery—its honorable course.*—If there is one thing more honorable, more deserving of imitation than another, in a learned profession, it is a god-like generosity, a noble liberality towards a rival. This we conceive to be the true spirit of Christianity—the doing unto others as we would they should do unto us. We are led to these reflections, by reading in the late Nos. of the *Western Journal of Medicine and Surgery*, the following notices of the rival schools to the University of Louisville, from which institution this periodical is issued:

"*Ohio Medical College.*—It was announced a short time since, that the chairs in the Ohio Medical College had all been declared by the Board of Trustees vacant, preparatory to a reorganization of the Faculty. We learn from the public prints that the former professors have been restored, and that Dr. Drake and Dr. George W. Bayless have been added to their number. Dr. Drake takes the chair of Theory and Practice, and Dr. Bayless has been appointed to the chair of Descriptive Anatomy. We congratulate the friends of the school on the accession of so much talent to its able corps of teachers. Dr. Drake is now entirely at home—in the city and the chair of his choice, and in the school which he founded. He has our fervent wishes for long life and unvarying prosperity. Dr. Bayless is a practised and thorough anatomist, and a good lecturer, and with his industry and ambition to excel will not fail in the duties of his chair. The Ohio Medical College, one of the oldest institutions in the West, is so identified with our profession, that no one who takes an interest in the

latter can feel indifferent to the fame of the former. Every friend of true medical science must wish the college a speedy and complete triumph over those malign influences which have hitherto hindered its progress."

"*Transylvania University*.—Prof. Annan has been transferred to the chair of Theory and Practice, lately vacated by Prof. Bartlett, and Prof. William M. Boling, late of the Memphis Medical College, has been elected to the chair of Obstetrics and the diseases of Women and Children, in Transylvania University. Prof. B. is well known to the readers of American medical journals as the author of many able papers on a variety of subjects. He is a writer of unquestioned talents, industry and learning, and although not so well known as a lecturer, the experience of one winter in Memphis authorizes the belief that he will not be less successful in that line. His reputation in the South is high, and his election will strengthen the school in that quarter. We tender to Prof. Boling our cordial wishes for his success."

"*Richmond Medical College*.—Dr. David Tucker, one of the Editors of the Medical Examiner, has recently been appointed Professor of the Practice of Medicine, in the above institution. Dr. Tucker is a gentleman of high professional worth and will doubtless fill the chair to which he has been called with distinguished ability and success."

A long and prosperous career, honorable we know it ever will be, to Lunsford P. Yandell, M. D., the author of the above quotations.

*The New Orleans Medical and Surgical Journal*.—This very able periodical, edited now solely by Dr. A. HESTER, one of its original projectors, comes to us in an entire new dress, in entering upon its *sixth volume*. It is published every second month, and each number contains 144 closely printed pages. In despite of yellow fever, cholera, &c., it has never failed to make its appearance, though delayed once or twice.

Sustained, as this Journal has been, by such writers and medical philosophers, as Dowler, Harrison, Carpenter, Boling, Fenner, Ames, Hort, &c. &c., and conducted by its talented editor, there is no medical publication having a higher claim to the patronage of the South and West. In the brief space of five years, it has done more to illustrate the *yellow fever*, to say nothing of its other valuable contributions to medical science, than all other laborers on the same subject put together. If Southern and Western physicians desire to know more of the diseases they are called upon to treat, we recommend them to read the *New Orleans Medical and Surgical Journal*.

#### MEDICAL MISCELLANY.

*Death of Mr. CARMICHAEL, the Dublin Surgeon*.—The celebrated Surgeon of Dublin, Mr. R. Carmichael, was drowned while crossing a river (arm of the sea) on horseback. By his will, he left considerable amounts of money to benevolent professional objects.

*Physicians volunteering to encounter Disease*.—The Prussian government lately called for 26 physicians of Berlin to be sent to Silesia to aid their brethren against a formidable epidemic typhus—no less than 300 applied to be sent.

*Deaths of Medical Students by Cholera*.—Two medical students have lately died of cholera in Philadelphia; one, a Mr. White of Mississippi, had distinguished himself in the Mexican war.

*Death of Mr. CLIFT, of the Hunterian Museum*.—Mr. Clift, known as the conservator of the Hunterian Museum of the College of Surgeons, London, is dead.

*Cure of Polypus by Peach Leaves*.—Dr. Beck, of Delphi, Indiana, says, he cured a case of nasal polypus of fourteen years standing, by the local application of peach leaves bruised and stuffed up the nostrils.

*Is the Cholera contagious?*—This important question has just been subjected to a singular experiment at St. Petersburg, by the order of the Czar. Four murderers, condemned to death, were placed in beds in which cholera patients had died, without being attacked by it. They were then told that now they would be made to sleep in beds where patients had died of the epidemic, and that their lives would be spared if they escaped. They were, however, placed in beds never occupied by the choleric; notwithstanding, the four died in less than three days from the effects of the imagination.—[*Gaz. Méd. de Paris.*]

*Rice, a diuretic, and not suitable for bowel complaints.*—Dr. Tracy, writing to the Editor of the Boston Medical and Surgical Journal, says that *rice* without condiments (red pepper,) proves powerfully diuretic, and is not proper food for patients suffering from bowel complaints—this he writes as regards the Siamese and inhabitants of hot climates.

*Death from Cholera-phobia* of a Professor.—We regret to announce, from good authority, that a distinguished Professor in one of our Northern Medical Colleges has recently departed to parts unknown, declaring as he went, the cholera is contagious, it is contagious!

METEOROLOGICAL OBSERVATIONS, for July, 1849, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 152 feet.

JULY	Sun Rise.		2, P. M.		WIND.	REMARKS.
	Ther.	Bar.	Ther.	Bar.		
1	76	29 70-100	93	29 60-100	W.	Breeze—storm—rain 2 inches.
2	74	" 55-100	88	" 57-100	E.	Fair—some clouds.
3	72	" 76-100	85	" 80-100	N. E.	Fair—blow—cloudy afternoon.
4	65	" 85-100	81	" 87-100	N. E.	Fair—blow.
5	61	" 90-100	89	" 90-100	N. E.	Fair.
6	62	" 95-100	83	" 95-100	S. E.	Cloudy—sprinkle.
7	73	" 95-100	89	" 90-100	S. E.	Cloudy.
8	73	" 94-100	88	" 90-100	S.	Showery, 20-100 of an inch.
9	74	" 90-100	88	" 85-100	S. W.	Cloudy.
10	74	" 78-100	72	" 78-100	S.	Rain, 1 inch and 25-100.
11	71	" 82-100	81	" 88-100	S. E.	Rainy, 25-100.
12	72	" 99-100	86	30	E.	Showery, 30-100.
13	72	30 4-100	89	30 4-100	E.	Fair.
14	70	29 95-100	92	29 87-100	W.	Fair—some clouds.
15	72	" 83-100	87	" 82-100	N. E.	Cl'dy—storm at 3 P.M. } 2 inches
16	64	" 92-100	68	" 95-100	N. E.	Rain. } 15-100.
17	67	" 84-100	78	" 82-100	N. E.	Cloudy—some rain.
18	70	" 82-100	83	" 82-100	S. E.	Cloudy—rain, 10-100. [80-100.
19	72	" 87-100	80	" 89-100	S. E.	Rain—storm at 3½ P.M., 1 inch
20	72	" 89-100	77	" 87-100	S. W.	Rain all day, 1 inch and 5-100.
21	70	" 75-100	73	" 73-100	S. W.	Rain—breeze. 35-100.
22	71	" 69-100	85	" 70-100	S.	Rainy morning. [5-100.
23	72	" 78-100	86	" 83-100	N. E.	Sprinkle—rain all night, 1 inch
24	71	" 85-100	85	" 85-100	S.	Sprink.—rain all night, 55-100.
25	72	" 87-100	88	" 87-100	S.	Cloudy—sprinkle. [25-100.
26	72	" 90-100	88	" 92-100	S. W.	Cloudy—showery day & night,
27	74	" 93-100	88	" 87-100	S. W.	Cl'y—storm—rain, 1 in. 70-100.
28	71	" 85-100	88	" 80-100	S. W.	Cloudy—heavy thun.—show'ry.
29	70	" 84-100	84	" 85-100	S. W.	Cl'dy—rain at 1 & 6 P.M., 20-100.
30	71	" 90-100	80	" 90-100	S. W.	Cl'dy—r. storm at 12 M., 55-100.
31	71	" 87-100	88	" 82-100	W.	Fair morning—cloudy evening.

3 Fair days. Quantity of Rain 13 inches and 75-100. Wind East of N. and S. 15 days. West of do. do. 11 days.



# SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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## PART FIRST.

### Original Communications.

#### ARTICLE XXXI.

*A Clinical Lecture upon Colic, delivered at the Augusta Hospital.* By L. A. DUGAS, M. D., Professor in the Medical College of Georgia, and one of the attending Physicians to said Hospital.\*

There is perhaps no term so generally misapplied by the unprofessional as Colic, for while it is used to designate all painful affections of the abdominal region, it is not unfrequently invoked to qualify pain in almost every other part of the body. Every practitioner in our country has occasionally heard of colic of the face, tooth, eye, ear, hand, chest, &c. Indeed, I recently attended a good matron, who stated that she had a colic in her blood, which would frequently fly out at the surface and occasion an eruption attended with intolerable itching. It is difficult to account for so great an extension of a word, which, being derived from the Greek, Κῶλον, was evidently designed originally to convey the idea of pain in this particular portion of the large intestines. The word is now, however, generally restricted by the profession to painful affections of the bowels, attended with constipation more or less obstinate, sometimes with vomiting, and existing without fever. Even in this restricted sense, it is yet so ambiguous as to cover a variety of affections essentially different in their nature, and which, therefore, require modes of treatment correspondingly dissimilar. On looking into the works upon the Practice of Medicine, the

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\* Published by request. See this Journal for last June, note, p. 321.

Physician of experience cannot fail to be surprised at the very unsatisfactory manner in which this important subject is treated. Diagnosis is, for the most part, entirely neglected, and the various remedial means are enumerated with a degree of confusion amounting to complete empiricism. It is not strange, therefore, that junior members of the profession should generally regard cases of *colic* as among the most difficult and troublesome they have to manage. Diseases are annoying to a physician in a direct ratio with the obscurity of their diagnosis: this once clearly understood, a knowledge of general principles makes the indication plain, and whether the case terminate favorably or otherwise, the greatest source of anxiety is removed.

Limiting, then, the application of the term *colic* to pain in the abdomen, with more or less constipation, nausea and vomiting, let us see what pathological conditions may occasion these phenomena. They may probably be all comprehended under three heads, viz: lesions of innervation, improper digestion, and mechanical obstructions. The lesions of innervation induce cramp colic, neuralgic, rheumatic and gouty colic, colica pictonum, and colic from fecal accumulation. Improper digestion occasions flatulent colic and is frequently the exciting cause of the lesion of innervation, which produces cramp colic. The mechanical obstructions may arise from intussusception, from a knot in the intestines, from hernia, adhesions, stricture, the pressure of a tumor, the accumulation of foreign bodies, as worms, cherry stones, earthy concretions, biliary calculi, &c.

You perceive that colic is not a *disease*, but merely a *symptom*, which may be induced by a considerable variety of circumstances—that no given prescription, nor set of prescriptions, can be applicable to all cases—and that a correct diagnosis must be of the utmost importance. To treat so extensive a subject satisfactorily, would require much more time than we can at present devote to it. I will, however, endeavor, as summarily as possible, to call your attention to some of the leading principles by which you should be governed in your diagnosis and treatment, hoping that you will not rest here, but extend your researches whenever opportunity presents itself.

LESIONS OF INNERVATION.—The most common form of colic belonging to this class, is *Cramp Colic*. The patient is usually

taken more or less suddenly, with violent pain in the abdomen, attended with strong contractions of the muscles and flexion of the trunk. He feels as if his abdomen were drawn in forcibly and that he cannot straighten himself. These pains are not continuous, but remit, to return in a few minutes with increased violence. Respiration is short, the surface, especially the extremities, frequently cold, and the pulse in severe cases is very much depressed from intensity of suffering, and, unless relief be speedily obtained, the patient may die from the exhausting influence of pain and impeded respiration. The cramps occur sometimes after taking a large draught of iced or very cold water, when the system is overheated; sometimes, after the ingestion of articles of difficult digestion; often without any appreciable cause.

Now, where is the seat of the spasm or cramp? What muscles are affected? On placing the hand upon the abdomen, you will find that it is hard, knotty, that the abdominal muscles are evidently contracted with great force, and that their contractions increase simultaneously with the recurrence of violent pain. These muscles scarcely move during the respiratory act. The diaphragm is also not unfrequently implicated, and when this is the case, respiration is still more impeded, and nausea will probably exist. The patient will tell you, that the whole of his abdominal contents "are drawn up into a knot, and that he can scarcely get his breath." Thus far, the seat of spasm is evident; but may it not also exist in the muscles of the stomach and intestines? The question is not yet decided, although the probability is in favor of the belief that the muscles of organic life may and do suffer spasmodic contractions.

The symptoms just enumerated are so striking, that diagnosis can present no difficulty, except in very mild cases—and even in these very little. The treatment should, of course, be such as will most readily overcome the cramp;  $\frac{1}{4}$ gr. sulph. morphine, or 30 drops of laudanum with 60 drops tincture of camphor, in a little water—or a tea-spoonful of a mixture of equal parts of tr. opii, tr. camphor, and sulph. ether, by being repeated every 20 or 30 minutes, according to emergency, will usually be all-sufficient. These internal remedies will, however, be materially aided in their effect, by the application of a sinapism



along the dorsal vertebræ, the origin of the splanchnic nerves. You should bear in mind, that the first indication is to relieve the spasm, for it is this that occasions the pain. The remedies just mentioned, must therefore be given freely, but judiciously. I never bleed in such cases, nor do I administer any cathartic until complete relief has been obtained—after this, it is very well to empty the bowels with oil, jalap and cream of tartar, salts and senna, or any other prompt cathartic. The patient feels better after it and is less liable to relapse. If there be any reason to suspect the attack to be occasioned by improper ingesta, and vomiting has not already taken place spontaneously, this should at once be provoked by a prompt emetic. A teaspoonful of table salt and one of pulverized mustard, in a cup of warm water, may generally be easily procured, and answers the purpose remarkably well. The stomach being emptied, the opiates, &c., should be immediately administered.

The Neuralgic, Rheumatic and Gouty pains of the bowels, differ in many respects from Cramp Colic. Their invasion is more gradual; they are much more rare, less violent, attended with neither nausea nor vomiting, more apt to return after having been relieved by narcotics, and are not materially benefitted by cathartics. Pressure upon the abdomen does not increase the pain; percussion does not reveal any undue degree of flatulency; the patient is not usually confined to his bed, but goes about complaining every now and then of sharp pain, which intermits to return again in a short time. The neuralgic form not unfrequently assumes the quotidian type, returning daily at the same hour.

In these forms of disease, pressure upon the spinal column will very often reveal the existence of tenderness over some of the dorsal vertebræ. The spine should therefore be cupped freely and then blistered, at the same time that we administer quinine in combination with morphine, in quantities sufficient to give relief and to prevent a recurrence of pain. The precipitated carbonate of iron may also be advantageously resorted to, if the disease does not yield to these means.

You have seen that I class Colica Pictonum with the lesions of Innervation. I did so, many years ago, and published my views upon the subject in the Southern Medical and Surgical

Journal,\* since when, every case I have seen has but confirmed me in my position. This affliction is, as you know, confined to those who work in lead mines, or who handle and breathe the preparations of this metal, in painting, setting type, and other arts. The pains usually commence gradually, and increase until they become intense in the extreme. Indeed, I have seen the patient thrown into violent convulsions, from their severity. Pressure of the abdomen is rather agreeable than otherwise, and percussion shows no accumulation of flatus; yet constipation, owing to the torpor of the intestinal muscles, is obstinate. The routine practice, almost universally recommended, consists of a succession of the most drastic combination of cathartics. This treatment is founded in the belief, that the lead produces paralysis of a portion of the intestinal muscles, which allows an accumulation of feces and flatus, distending the canal inordinately, and thus occasioning the pain. I think it an error to attribute the pain to distention, instead of regarding it as entirely nervous, for, although some relief (probably by revulsion) is experienced during the operation of each dose, it ceases with this, and it is only after daily purging for about a week, that the disease finally yields, leaving the patient in a debilitated state, from which he recovers but slowly. If you will, instead of this, apply cups freely over the dorsal vertebræ and immediately cover the same region with a blistering plaster, 3 by 12 inches, you will not only procure speedy relief, but also then be able to empty the bowels with any mild cathartic. A full opiate will usually complete the treatment. The success I have obtained by this method of treatment is such that I now generally expect to give complete relief in one, instead of 7 or 8 days, as required by the usual mode. It is recommended to use the diluted sulphuric acid, as a prophylactic, after the attack. I have often prescribed it, but cannot say much in its favor. The best preventive is a change of occupation, for after having experienced one attack, the patient will be certain to suffer again, if he continue to be exposed to the same cause.

There are cases of colic, occasioned by the mere accumulation of intestinal matters. This state of things may result

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\* See South. Med. and Surg. Journal, for December, 1836.

from deficient mucous secretion or torpor of the intestinal muscles, and should then be referred to the lesions of innervation, as any modification of secretion or of muscular action must necessarily be the effect of a corresponding modification of the nervous supply. In these cases, pain is manifested only after constipation, more or less protracted, the abdomen is full, more or less hard, sensitive to pressure, and percussion usually yields a dull sound along the course of the colon, which is impacted, although it may show the accumulation of flatus in the small intestines. The pain is continuous, and the patient feels a strong conviction that he would be relieved if he could only have a good evacuation. An active cathartic, of salts and senna, or of jalap and cream of tartar, will then be clearly indicated—and its effect will be made more certain and expeditious, by applying a sinapism to the dorsal region of the spine. In our remittent fevers, it was formerly customary to purge freely and early after the attack, and yet the torpor of the intestines was often so great as to render this very difficult. In such cases, I resorted to a sinapism to the spine, and rarely had any trouble in purging my patient after this.

We now come to the consideration of colics from improper digestion, and the most common of these is flatulent colic. In this, the pain increases gradually and is never so violent as in cramp colic, nor does it occur in the paroxysmal form, although it is more intense at some moments than at others. The seat of pain sometimes changes as the flatus moves about; the abdomen is sometimes tumid, though not necessarily so,—for the flatus is occasionally limited to a very small portion of the intestines; pressure over the affected region is painful, unless the flatus be thereby dislodged; and percussion reveals the accumulation of gas, by its clear or hollow sound. Eructation, or the discharge of gas per rectum, is attended with relief, and the consciousness of this, leads the patient to frequent efforts to expel it. You perceive that, with these symptoms, the diagnosis cannot be difficult. The case cannot be confounded with either of the forms of colic we have noticed. In the treatment, we have 3 indications to fulfil—we must, if the pain be very great, relieve this as soon as possible, at the same time that we prevent any further formation of gas and cause the expulsion



of that already formed. These three ends may be accomplished, by the administration of a dose of castor oil with a teaspoonful of the tr. of camphor and 40 or 50 drops of laudanum. The opiate obtunds sensibility, the camphor, by its aromatic and antiseptic properties, prevents the formation of gas, and the oil dislodges and carries down the alimentary and gaseous contents of the intestines.

By the way, the well known efficacy of aromatics, in aiding the expulsion of flatus from the stomach and bowels, as well as in preventing its formation, has not, I believe, been satisfactorily accounted for by writers on *Materia Medica*. A dose of the essence of peppermint, or of any aromatic, will almost immediately occasion eructation, if there be any gaseous accumulation in the stomach, and it will prevent its reproduction. I think that these effects result in the first place from the stimulation of the muscular fibres of the stomach to contraction, (through the nerves, of course,) and, in the second, from the arrest of the process of fermentative decomposition, in consequence of the antiseptic properties of the aromatics, brought into admixture with the contents of the stomach. The same explanation will apply to the effect upon the contents of the intestines. Aromatics are of very difficult digestion, and will readily pass from the stomach into the intestines, without much deterioration.

In the treatment of flatulent colic, we very frequently resort alone to the tincture of camphor, for, unless the pain be very great, it possesses narcotic properties enough, without the addition of opium, and does not so much impede the action of the cathartic. It may be well to bear in mind, that the effect of castor oil is less retarded by opiates than that of other cathartics; hence the preference usually given to it in such cases.

You will, not unfrequently, see cases in which the distress is occasioned, not only by the flatus, but also by the excessive ingestion of food, whether of an indigestible character or not. In our cities, the practice of eating late suppers is a fruitful source of colic and of cholera morbus. Men will, at a late hour, resort to an oyster house and fill their stomach to excess, with oysters, lobsters, shrimps, crackers, pickles, cheese, brandy, &c., and immediately go to bed. They are fortunate when

they pass the night with only a little interruption from nightmare, and have a slight headache the next morning. Sometimes nature relieves itself, by copious vomiting and purging, before morning, and the glutton charges his suffering to the account of cholera morbus. Cases of colic resulting from such imprudence, should be treated at once by an emetic, followed by tr. camphor and lime water, in repeated doses, until relief be complete.

**MECHANICAL OBSTRUCTIONS.**—We have stated that colic may be occasioned by mechanical obstructions. It is much easier to determine the existence of such obstruction, than to distinguish its precise character. The symptoms, for example, of intussusception, of an intestinal knot and of internal hernia, so closely resemble each other, that it is impossible to diagnosticate between them. The same may be said in relation to the phenomena of stricture of the intestines, of pressure of tumors upon them, and of adhesions of this canal to the surrounding tissues by which its caliber is lessened or obliterated. These two classes of obstructions, however, may be generally distinguished from each other, without much difficulty. The former present all the peculiarities of strangulated hernia. If the hernia be *external*, it can be detected by the eye, and is therefore not included in our enumeration of cases that may be confounded. If it be *internal*, I repeat, it cannot be positively distinguished from intussusception and an intestinal knot. The attack in these three varieties of accident is more or less sudden, the pain gradually increases in intensity, does not intermit, and is fixed to a certain locality, from which, at first tenderness, and subsequently, great soreness radiates as from a centre to the whole abdomen, as the peritoneal inflammation advances. It is attended with nausea, vomiting, constipation, and a degree of general prostration entirely disproportioned to the amount of suffering and duration of the disease in other forms of colic. The pulse sinks rapidly, the surface becomes cold and clammy, the abdomen tympanitic, and the faciæ, assuming the Hippocratic character, reveals but too surely the doom of the patient, who will sink, not unfrequently, in 48 hours from the invasion of the disease. These attacks are not preceded by any unusual constipation, nor attended with any great accumu-

lation of fæcal matter. The distress and danger are rather the effects of peritoneal constriction and inflammation, than of a mechanical obstruction to the passage of the intestinal contents. Treatment, save the use of anodynes to relieve distress, avails nothing. Cathartic medicines only add to the sufferings.

The symptoms and progress of the obstructions, by stricture, tumors and adhesions, are very different. These causes increase very gradually, and the patient finds that his bowels are becoming more and more costive, more and more difficult to move by cathartics. The obliteration of the intestine by stricture, may be the work of years; that by tumors, will vary according to the nature of these; and adhesions will proceed more or less rapidly, according to their immediate cause.—When the crisis is reached, the pain is the immediate consequence of the accumulation of fæcal matters and flatus, and, as the obstruction of the intestines has been gradually coming on, the system does not sympathize with them so readily as in sudden strangulation. The pain is one of distention; the portion of the canal below the obstruction may be emptied by enemata, but no relief is afforded; nausea and vomiting are provoked by every mouthful of food or drink taken; the matter ejected from the stomach sometimes becomes stercoraceous; and the sufferer gradually sinks from inanition, after days or weeks of anguish. I have before my mind just now, the case of a female, who lived 20 days after the total obstruction of the colon by a schirrous stricture, which had been progressing about 10 years. I need scarcely say, that palliatives are the only means left us under such trying circumstances. Quiet your patient's suffering with opiates, and sustain him as long as possible with nutritious broths, per rectum, after they cease to be retained by the stomach.

We have been noticing the more formidable classes of mechanical obstruction. There are others which, although not less painful, are yet more manageable. I allude to those resulting from the accumulation of foreign bodies in the intestines, such as cherry stones, (some very remarkable cases of which are upon record), earthy concretions, worms, &c. The symptoms here are those enumerated as belonging to fæcal accumulations; and the treatment should be the same, with the addition



of anthelmintics, if worms are suspected. This suspicion should be entertained in cases of children, and spigelia combined with senna, in the form of infusion, given freely every hour until the bowels be thoroughly emptied. A combination of wormseed oil (*chenopodium anthelminticum*), spts. of turpentine, croton oil and syrup, in doses adapted to the age of the child, is very efficacious in dislodging worms, but should be discreetly used, lest it irritate the bowels too much. The spigelia is a much safer remedy, and, when fresh, a more certain one. Indeed, I regard *good* spigelia, as much a specific for worms, as quinine is in intermittents.

You probably think that I am about to forget to mention a form of colic, by no means uncommon in our climate, and whose name is peculiarly fashionable, if I may use the expression, with those who regard bile as one of man's greatest enemies. Bilious colic is about as significant a cognomen as bilious fever; it means any thing you wish: biliary derangement, excessive secretion, deficient secretion, vitiated secretion. As no one should presume, however, to treat of fevers without devoting a chapter to their *bilious* form, so no one should overlook *bilious* colic, who does not wish to exclude one of the most dreaded of these affections.

Well, what is Bilious Colic? You will look in vain for a description of it in some of the best English works on Practice—the Cyclopedia and the Library of Practical Medicine, for example. There is a detailed account of it, in Eberle's Practice, which, I well remember, when seeking information on the pathology of this affection, did but add to the confusion I found to prevail in relation to it. If all cases of colic in which the patient vomits bile, or passes bile from the intestines, or becomes jaundiced, are entitled to the distinctive appellation of *bilious*, you will perceive, with but a moment's reflection, that this is not a special, but a protean form of colic,—for a man may vomit bile, when attacked with colic from flatulency, from spasm, from obstruction, or indeed from any other cause, if the case be attended with much nausea and emesis, and especially in warm weather and in autumn, when this secretion is generally most abundant in our climate. We should then have bilious flatulent colic, bilious cramp colic, bilious colic with obstruction, &c.,

&c. I have long since come to the conclusion that, if the term be retained at all, it should be so restricted as always to convey the same and a definite idea. Let the terms we use be intelligible, let them designate some fact or condition that may be diagnosticated, and then they will cease to lead us astray in our prescriptions. See the mischief done by calling our remittent fevers *bilious*, when the presence of bile is but one symptom of the disease. The whole world has waged war upon bile for two thousand years, when, lo! it is now found that bile is not the *cause*, but the *effect* of the fever, and that by arresting this, we effectually get rid of the nefarious secretion! So long as you call colics "*bilious*," you will direct all your energies against bile and neglect to treat the pain.

But there is a form of colic, in which a portion of the hepatic system is really implicated very seriously, and which might therefore, with a semblance of propriety, be called *bilious*. A biliary calculus, in making its way down, may become lodged in the hepatic, cystic or common duct, and give rise to some of the most excruciating pains than man can endure. The attack is more or less sudden, comes on often without any premonition, the pain is vaguely said by the patient to be in the upper part of the abdomen; but if you ask him to put his finger upon it, he will apply it directly over the region of the gall bladder and biliary ducts, that is to say, a little below and to the right of the ~~sternum~~ xiphoid cartilage or on the right portion of the epigastric region. Before the attack has continued long, he will tell you that he can cover the seat of the pain with a dollar coin; but if the obstruction continue, there will radiate from that point a degree of soreness, which may increase in intensity and finally invade the whole abdomen. This is occasioned by the supervention and extension of peritonitis. If the calculus be lodged in an hepatic duct, or in the cystic duct, bile may continue to flow into the duodenum, and may therefore be ejected from the stomach and intestines; but if it obstruct the common duct (the ductus communis choledochus), it must be obvious, that no bile can pass into the duodenum, that none will be ejected, and that jaundice will be produced. You have now solved the whole mystery of the jargon and discrepancies in relation to the so-called bilious colic. Lose sight of the

baneful effects of bile, look for the organic lesion, and all becomes plain and intelligible to the merest tyro. But let us return to the symptoms.

The patient suffers intensely, as already stated; the pain is persistent, though now and then much aggravated, especially if the obstruction be in the common duct, and provokes violent contractions of the cyst; he rolls about the bed or upon the floor, in agony; great drops of perspiration trickle down his face; nausea and vomiting supervene upon the ingestion of liquids to relieve thirst; the pulse, at first slow and full, becomes more frequent and thready; and, unless relieved, he will succumb more or less rapidly, according to the secondary lesions that may be induced. If the calculus occupy an hepatic duct, and does not escape, it may occasion acute hepatitis, abscess of the liver, and jaundice, which may gradually exhaust the patient. If it be situated in the cystic duct and remain there, it may produce the same state of things, in addition to the inconveniences arising from a continuous flow of bile into the duodenum, before it has gone into its legitimate receptacle. Finally, if it close the common duct, the duodenum is entirely deprived of bile; chylication can no longer be properly effected; the biliary vesicle becomes engorged and enormously distended, so as to form a tumor that may be seen and felt externally; the liver itself is filled with its own secretion, which passes into the general circulation with all the symptoms of deep jaundice; and, if all this disturbance, added to intolerable suffering, have not exhausted life, the gall bladder may be ruptured, pour its contents directly into the peritoneal cavity, and thus speedily close the scene. There are cases, however, in which adhesions are formed between the biliary cyst and the stomach or intestines, so that when the rupture takes place the bile is thrown into the alimentary canal, and recovery may be thus secured. Such cases are exceedingly rare.

In the treatment of these colics resulting from obstruction of the biliary passages, the indications are to relieve the pain, to prevent inflammation, and to facilitate or hasten the descent of the calculus. The pain must be subdued by sulphate of morphine, repeated as often as necessary. I usually give  $\frac{1}{4}$  of a grain every 20 or 30 minutes, until the desired effect be secured, and



then repeat it as the pain returns. If the sufferings were very great, you should make the first dose larger, say  $\frac{1}{2}$  gr. In giving morphine, I generally prefer a repetition of medium doses to a very large one, for, as this salt is very soluble, it is immediately imbibed and its full effect is brought to bear upon the nervous system at once. With opium, the case is different; being gradually dissolved by the gastric juice, it is only gradually imbibed and also gradually carried to the nervous system. A large dose of opium can, therefore, be administered with much more impunity than one of morphine. I am induced to make this digression, because I am well satisfied that I once saw a case of colic terminate fatally, from an excessive dose of the sulphate of morphine. Yet, in colics, morphine is preferable to opium, because it is more prompt in its action, and may be administered when the stomach is very irritable, by being simply placed upon the tongue.

The violence of the pain having been subdued by the anodyne, it is proper to endeavor by castor oil, salts and senna, and enemata, to empty the bowels, not with the expectation of relieving the pain, but rather with the view of acting revulsively in favor of the liver and peritoneum, which are threatened with inflammation, if this have not already taken place. The too common practice of administering calomel more or less freely in this form of colic, has always seemed to me altogether irrational. If it be desirable to purge promptly and freely, calomel is assuredly one of the last cathartics we should think of, for its operation is very slow and it rarely produces those copious stools from which we expect the greatest revulsion. Again, if it possess, as eminently as it is thought to do by many, the property of increasing the secretion of the liver, it must aggravate all the evils of an obstruction in the biliary passages. It would be as unwise to administer calomel in such cases as it is to give diuretics to one suffering from retention of urine. Cathartics, especially if active, determine the circulation to the intestines and abstract from the bloodvessels destined to the liver, a portion of their contents, thus lessening the sum of the portal circulation and consequently relieving the liver. There can be no doubt, therefore, that purgation other than mercurial, is one of the most efficient means by which we may lessen the

tendency to inflammation of the hepatic organ. We may add to these a blister over the epigastrium, when the soreness begins to extend. Venesection is frequently resorted to, both for the purpose of producing relaxation and of obviating phlogosis. It should be advised only in persons of plethoric habit, and, even then cautiously. We cannot, at the onset of an attack, foresee how long it may continue, and what a demand may be made upon the patient for all his powers of endurance. The prudent practitioner will therefore not too rashly impair energies that may subsequently be needed to enable the patient to withstand the prostrating effects of a protracted torture.

In order to hasten or to facilitate the descent of the calculus, emetics have been recommended. They may be useful by inducing relaxation; but they are very distressing, and, if the biliary cyst be much distended, might produce rupture instead of forcing on the calculus lodged in its outlet. I have never known them to give relief. Tepid or even warm baths are generally very soothing, and the patient should be allowed to remain in them hours at a time, if he does not become faint. He will often fall asleep in the bath if he be comfortably placed. The bath gives relief, probably, by determining the circulation to the surface, and it may facilitate the passage of the calculus by the unequivocal relaxation it occasions in the whole system. It should therefore never be omitted if possible, but repeated as often as circumstances will permit.

There are other painful affections of the abdominal region that may by the inexperienced, be mistaken for colic. Indeed, I do not know why they might not be included under this general name, as well as biliary obstructions, unless it be that they do not necessarily implicate the alimentary canal. The pains to which I allude are those occasioned by the obstruction of the urinary passages by calculi, and those attending disorders of menstruation.

The formation of calculi in the kidney, and their lodgement in the ureters occasions pains very similar to those of biliary calculi, exceedingly intense, but readily distinguished by their locality. Anodynes and warm baths constitute the best treatment. Dysmenorrhœal pains are paroxysmal and seated in the uterus. The palliative treatment here is the same, but the preventive is more complicated and cannot occupy us at present.

I have now, as briefly as the nature of the subject would permit, although not so fully as it deserves, passed in review the principal forms of colic, and called your attention to the treatment I most approve in each. If you have observed that in some particulars my views do not accord with others for which you may entertain respect, allow me at least to indulge the hope that you will impartially reflect upon them, and apply to them the surest test: that of bed-side observation.

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ARTICLE XXXII.

*Infantile Paroxysmal Convulsions, and their Treatment with Sulphate of Quinine, with Cases.* By HENRY F. CAMPBELL, M. D., Demonstrator of Anatomy in the Medical College of Georgia.

"Therapeutics," it is remarked by the elegant and philosophic Dr. Bartlett, "rests wholly upon experience. It is absolutely and exclusively an EMPYRIC ART,"\* and this apparently startling assertion, we constantly find corroborated in the results of our daily application of remedial agents. The theorist is compelled to abandon his most ingenious hypothesis, although proved by careful and logical ratiocination, to lay aside his favorite, glowing assumption, and to admit the fallacy of all *à priori* speculations, when scrutinized in the ordeal of experience, the only criterion in medical science. Thus it is, that we receive daily instruction and humiliation at the hand of nature, and are made to feel, that it is only in the humble position of the observer of her phenomena, that we acquire any useful or abiding indoctrination. But, to many, this rule for study is entirely disregarded; observed facts are discredited, unless they can be distorted into the elucidation of their own theory, and established truths are rejected as monstrous assumptions, if varying in any degree, from the result anticipated by their rational hypothesis.

There is, perhaps, no agent in the *Materia Medica*, the remedial power of which is so often invoked, and yet the thera-

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\* Med. Philos., pp. 113-14.



peutic action so diversely interpreted, as Quinine; to it, are attributed the qualities of the stimulant, the sedative and the narcotic; and while all acknowledge its value and avail themselves of its efficiency, as an anti-periodic, each persists in his own explication of its results. On its introduction, it was prescribed with extreme caution, being deemed applicable only in *intermittent fevers* where the intermission was entire, a little later, and the more marked *remittents* were treated with it, and at present, its use has become so general that in nearly every form of fever, even those of a continued character, its application is thought worthy, at least, of consideration. We cannot discuss the applicability of Quinine under any circumstances, but we allude here to the relation in which it stands to the profession as a remedial agent, to show that our own empirical administration of it in the cases hereinafter reported, is not so irrational as might at first sight appear.

From an attentive observation of many cases which our locality so abundantly affords, we are disposed to an opinion, somewhat varying with that inculcated by most reports concerning the *time* of the occurrence of the infantile convulsions of intermittent fever, viz: that they more frequently than otherwise, if not invariably, occur at the beginning of the paroxysm, or during the chill, and not at the acme of fever; and consequently, they are not the result of a high degree of vascular excitement as has been, I believe, generally supposed. Now, it is common to find them coming on at a time when there seems to be least disturbance in the nervous or vascular system; for instance, a child will be playing or running about apparently well, when suddenly it is attacked with a violent convulsion,\* often with others succeeding, and after their subsidence, the case will be found to assume all the features of an ordinary intermittent paroxysm, progressing regularly on to intermission, &c. Indeed the convulsion seems to take the place of the cold stage and is, so to speak, a chill very much exaggerated, that is the normal innervation which in a subject less favorable, would have

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\* Even while engaged in transcribing this sentence, I am called to the child of a Professional friend, who has had a convulsion, taken while in excellent spirits and playing about the room. This evening is the time of its expected paroxysm, it having had one on yesterday afternoon.

produced only a *chill*, here in the extremely mobile and impressionable nervous system of a child, gives rise to phenomena of graver and more alarming character, and the paroxysm is *ushered in* by a *convulsion*. We would here advert to an example which may be considered a transition case between the chill and the convulsion; and develops, to a certain extent, our view regarding the character of the convulsion, and the relation it bears to the paroxysm. E. P., a young woman of nervous temperament and general bad health, aged about 22 years, on the advent of her second paroxysm, was affected with involuntary contractions in the muscles of the arms and legs. I would not be misapprehended, these were not the ordinary quaking and subsultus of an ague, but of such a marked character as to assume decidedly the form of a convulsion; but not to the extent however of the deprivation of consciousness. She was fully aware when they were about to commence and would call to her attendants for assistance in preventing their accession; here the ordinary ague-shaking was evidently exaggerated into a true convulsion. On examination by pressure of the spine, we found the dorsal and lumbar regions extremely sensible—On the removal of sinapisms from the legs (where they had been very irrationally applied) to the spine, the convulsions were relieved in a short time, and the administration of Quinine, during the intermission, prevented the return of the paroxysm. As the spinal irritation was of long standing, it was deemed expedient in this case, to apply a blister, a more permanent revulsive.

Thus fully impressed with the analogy between the cold stage and the convulsion, and having, in a few instances, succeeded in arresting the progress of a paroxysm, by the administration of Quinine, even after the commencement of the chill, and finding also, that even when it did not entirely succeed in arresting the paroxysm, it generally mitigated its violence, thus disproving the gratuitous and pernicious dogma, that “where Quinine does not cure, it makes worse,” we have been induced to use this remedy empirically in several obstinate cases of infantile convulsions of this character. While we report them, with some degree of confidence, as suggestive *experiments*, worthy, perhaps, of further investigation, yet we will not admit for the practice, any thing like established merit, as the cases

are too few to deserve more than the credit perchance of exciting *enquiry* into the value of the application.

In the relation of the following cases we have not deemed it necessary to recount minutely the history of each, as they are, in most respects, but ordinary cases of intermittent fever and the history of one of them is but the prototype of the others.

Case 1. H. H., a boy, aged 2 years, had had a paroxysm of intermittent fever, previously, while playing about on the floor, was seized with a convulsion, which was quickly succeeded by others, which resisting the ordinary means used for their relief, we resorted to the administration of Quinine, grs.  $2\frac{1}{2}$  every hour till grs.  $7\frac{1}{2}$  were taken. The convulsions subsided after the second dose. The calomel, previously given, acted upon the bowels and the return of the paroxysm was prevented by Quinine given in anticipation next day.

Case 2. Edward Bleese, aged about six years, had been the subject of tertian intermittent fever for a week. We were called to see him in a convulsion which came on at the beginning of the paroxysm. When seen, he had had many convulsions. The bowels were emptied by oil and enemata—mustard plasters were applied to the spine, abdomen and extremities, without exerting any controlling influence on the convulsions. The convulsive action was almost incessant. Ten grains of Quinine were administered at a single dose; in about an hour after, the convulsions became less frequent and finally entirely subsided. The succeeding paroxysm was met with Quinine, and the patient was afterwards treated for worms with very abundant results.

Case 3. A. McGraef, a boy of very delicate and unhealthy appearance, aged about 12 years, was seized with a convulsion on the accession of his third or fourth paroxysm. He had had no treatment previous to this call. Dr. J. L. Watkins, then our pupil, attended the case, and having applied the usual routine of remedies as sinapisms, enemata, pediluvia, &c., the following dose, was administered—Quinine grs. 10, Calomel grs. 15. The mustard plasters, pediluvia, &c. were continued with the application of cold to the head, and 5 grains of Quinine were given in an hour after the first dose. The convulsions ceased in about half an hour after the administration of the medicine.



The sweating stage quickly succeeded, and on the next day, the boy was apparently as well as ever. Of course more than the ordinary caution was observed to prevent another paroxysm, by Quinine the next day.

We also constantly remark, that these convulsions are found to attend the hebdomadal relapses of the paroxysmal fever, upon which they depend, as the following will show :

Case 4. S., a child, aged  $2\frac{1}{2}$  years, of excellent general health and ruddy appearance, was taken at the first paroxysm with a convulsion, while apparently quite well. When we saw this case, the convulsions had continued for more than an hour with but short intermissions. After ascertaining that the child had not lately taken any crude ingesta that required removal, we administered of Hyd. Chlor. Mit. 6 grains, Quinine 8 grains, in one powder. The convulsions ceased in about an hour after this dose, and on the operation of the calomel, the fever subsided and the case regularly proceeded through the phases of an ordinary infantile intermittent, and was subsequently treated accordingly. In about three weeks after, a relapse occurred attended with convulsions. The Quinine was given in a single dose of 5 grains in combination with calomel. The douche to the head and sinapisms to the spine were also applied. The Quinine was here given earlier, and the case was of shorter duration than before.

We could here advert to other cases, one occurring under the observation of our friend Dr. L. D. Ford, of this city, wherein the hebdomadal returns of the paroxysm is invariably attended with a convulsion in its approach, and another similar one, in our own practice, wherein the administration of minute doses of Fowler's solution in the interval prevented the paroxysm and the attending convulsion, but our limits will not admit of their full report.

Above we have given a faithful, though not a minute recoutal of four cases of convulsions, treated with the sulphate of Quinine during the attack. We are free to admit, with due candor, that they are far from conclusive ; their paucity, as well as the mixed treatment to which such cases must necessarily be subjected, detract much from their weight, and render us cautious in our opinion of their results. We are aware that

our opinion, the opinion of medical men generally, respecting the effect of their remedies, is apt to be influenced by prejudice, and determined by *à priori* conclusions, and should be treated by the profession with some degree of distrust, but still, as we have before remarked, we would fain attach some little importance to the results of our observations on this mode of practice, and although we cannot recommend Quinine as an only remedy, to be depended on in the treatment of this class of infantile convulsions, we cherish the hope that this report, imperfect as it is, may instigate further investigation on this subject, so important to the profession and to the world.

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ARTICLE XXXIII.

*Lithotomy in a boy 10 years old—calculus weighs 3xxv. and measures in the circumferences  $7\frac{3}{4}$  and 6 inches.* By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

On the 23d of last May, I operated upon a case of stone in the bladder, near Newnan, Coweta county, Georgia. The patient was a boy about ten years of age, who had suffered more or less from infancy, symptoms of calculus. At certain periods he had been greatly reduced by intense and prolonged irritation produced by the foreign body in the bladder. The stone having been readily detected by his physicians, the parents finally consented to an operation.

Through the kindness of my professional friends, and aided by them, the usual bilateral operation was performed by me with the double lithotome, while the patient was under the influence of chloroform. The calculus was found to be very large, the cutting instruments were used a second time, the incisions made in the soft parts, were extended, and by continued and careful traction it was extracted. The stone weighs about twenty-five drachms or over three ounces. It measures in the longest circumference seven and three-fourth inches by six inches in the shortest. It is of an oval shape and pretty rough upon its surface. Its composition is uric acid.

The patient continued progressively to improve up to the ninth day after the operation, when he was unfortunately at-

tacked with dysentery, then becoming prevalent in his neighborhood, and which carried him off in a few days. His attending physician wrote me that the wound had nearly healed, that he had suffered nothing special in the region of the bladder, and that his death was not attributed to the operation. No doubt was entertained of his recovery until the invasion of the bowel affection.

The size of this urinary calculus compared with the age of the patient is certainly worthy of note. It may prove to be as large as any yet recorded. I believe, too, all who witnessed the operation, were convinced that it would have been extremely hazardous, if not impossible to have removed it by the lateral method of lithotomy.

Having had the misfortune to puncture the rectum, so that gaseous and fluid contents escaped through the section made in the perineum, while recently operating in another case of stone, (though this patient was happily dismissed cured on the eleventh day after the accident,) I have been engaged in attempting to simplify and perfect lithotomy. My reflections have resulted in two propositions—one, an addition to the staff or sound, and the other to the double lithotome cachée of Dupuytren.

When the groove staff is introduced into the bladder for the performance of lithotomy, a section is next made in the perineum down upon it. The urethra, it is well known, is a closed canal, and its mucous membrane is accurately applied upon any instrument introduced into it. In opening it, then, in this condition, more or less embarrassment and delay are encountered. It is precisely at this stage of the operation that the rectum is usually implicated. To obviate this, we have a rude instrument in our *chirurgicum armamentum*, and Prof. N. R. Smith, of Baltimore, chairman of the committee of Surgery for the past year, presented another one for this same purpose, at the late meeting of the National Medical Association in Boston. My suggestion is to have the straight or upper portion of the staff made hollow, through which canula a stilet is made to *distend the urethra at the point to be opened in lithotomy*.

My second proposition is to add the cutting edges of the bi-



*sector* (Stevens's or Post's) to the double lithotome. Those who have used the lithotome of Dupuytren know that to introduce it into the bladder upon the grooved staff, some force is required, especially when operating upon children, now constituting a majority of our cases. This is owing to the size of the instrument, although the one I employ is made small. The urethra, instead then of being neatly cut, is actually lacerated by the blunt shoulders of this instrument. If force be used, the recto-vesical septum may be injured, by its escape from the groove of the staff. To prevent these accidents, it has occurred to me, that by giving a short cutting edge to the shoulders of the double lithotome, and by a button added to the beak made to fit and slide in the groove of the staff, the bilateral operation of lithotomy would be simplified. • A vent or slit at the internal extremity of the staff, would allow the lithotome to escape from it, when this latter instrument has fairly entered the bladder. The cutting edges of the bisector should be made to project by a spring at the handle of the lithotome—this, in order to protect all other soft parts but the urethra, in manipulating with it.

These suggestions are now before Mr. Charrière, the celebrated instrument maker in Paris, and are here presented for what they are worth, (perhaps nothing,) to the profession, and without setting up any claims to invention or originality.

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## PART II.

### Reviews and Extracts.

*An Essay on Intestinal Auscultation.* By CHARLES HOOKER, M. D., Professor of Anatomy and Physiology in Yale College.—(Boston Med. and Surg. Journal.)

The object of the following essay, is to draw attention to an application of the art of auscultation hitherto neglected—the auscultation of the sounds produced in the intestinal canal. The cavity of the stomach and intestines, both in health and disease, contains, together with solid and liquid matters, a considerable quantity of aeriform substances. This is shown by examination after death, when air is invariably found in the intestinal canal, and may also be rendered evident, at any time during life, by percussion. These aeriform substances consist of com-

mon air, hydrogen and its different compounds, carbonic acid, and various other gases, in variable quantities and proportions in different subjects and in different conditions of the body.

The peristaltic action, which is constant in health and is commonly continued in disease, necessarily produces motions of the solid, liquid and gaseous contents of the intestines; and from the known laws of acoustics it might be philosophically inferred that these motions would be productive of sound. These sounds are sometimes audible at a distance from the body, and are noticed, under the term *borborygmi*, as a symptom in various diseases. As the quantity and proportions of the liquid and gaseous contents of the intestines are known to vary, and the peristaltic action to be variously modified, by the changes of disease, it might reasonably be presumed that the sounds produced within the intestines would be subject to corresponding variations; and it is not unphilosophical to suppose that these varieties of sound may afford valuable practical indications.

It is remarkable that a celebrated English philosopher, who was not a medical man, directed attention to this subject, many years before the discovery of the art of auscultation by Laennec. Hook, in his posthumous works, says, "There may be a possibility of discovering the internal motions and actions of bodies by the sound they make. Who knows but that, as in a watch we may hear the beating of the balance and the running of the wheels, and the striking of the hammers, and the grating of the teeth, and multitudes of other noises; who knows, I say, but that it may be possible to discover the motions of internal parts of bodies, whether animal, vegetable or mineral, by the sound they make; that one may discover the works performed in the several offices and shops of a man's body, and thereby discover what engine is out of order, what works are going on at several times, and lie still at others, and the like?" "I have this encouragement"—"from experience, that I have been able to hear very plainly the beating of a man's heart; and *it is common to hear the motion of the wind to and fro in the guts* and other small vessels; the stopping in the lungs is easily discovered by the wheezing." The prediction of this philosopher, who, as Dr. Elliotson observes, seems almost to have prophesied the stethoscope, has been fully verified in reference to the thoracic viscera and the gravid uterus; but to this time it has been strangely neglected in the investigation of the condition and action of the intestinal canal.

It is now more than twenty years since I have habitually attended to the sounds produced in the abdomen in various diseases; and in the early stage of my investigations I indulged

the hope, that in disorders of the intestinal canal auscultation might gain nearly the same distinctness and precision, that it had already acquired in relation to thoracic diseases. Though I long ago relinquished this sanguine expectation, continued observation has confirmed my opinion of the importance of the subject, and has enabled me to discover practical indications, which I regard as of great value.

When the ear is applied to the abdominal parietes of a healthy subject, there is heard an almost constant succession of sounds produced by the motion of the contents of the intestinal canal. These sounds are varied by many causes, such as the quickness, regularity, and other variations of the peristaltic action, the degree of fulness of the intestines, the proportions of the gaseous and other contents, the fluidity of the liquid contents, &c. The sounds, thus varying with the causes of their production, afford indication of these several causes; and they thus become signs of actions and conditions of the intestines, a knowledge of which is of the utmost importance in investigating the diseases of these viscera. In most diseases of the intestinal canal the sounds do not afford definite diagnostic signs to characterize the different diseases, like the diagnostic signs disclosed by auscultation in thoracic diseases. They are chiefly signs of particular conditions or actions, which may occur in various intestinal diseases, rather than diagnostic signs to distinguish different diseases. In some diseases, however, signs are thus obtained, which perhaps may be considered as truly diagnostic of the diseases in which they occur.

In the *Asiatic Cholera*, which prevailed in New Haven in 1832, this application of auscultation was attended with interesting results, which were noticed in an account of the cases which came under my observation, published in the *Boston Medical and Surgical Journal* for July, 1833. Writers generally noticed the loud borborygmi, audible at a distance from the patient, which occurred in that disease; and to the ear applied over the abdomen the sounds were so peculiar—at least so different from what I have observed in other diseases—that they seemed distinctly characteristic of that disease. These sounds manifested a rapid commotion of the whole intestinal canal, and might be compared to those produced by shaking together several flasks of various sizes partly filled with water. Frequently the sounds appeared to indicate that the rapid peristaltic motions were suddenly arrested and reversed by an anti-peristaltic action, which occurrence immediately preceded a paroxysm of vomiting. The large quantity of serum effused into the intestines, causing an extreme fluidity of their contents, with the rapid and irregular peristaltic and



anti-peristaltic motions, would sufficiently account for this unusual variety of sounds.\*

The effects of various remedies upon the intestinal action, as indicated by the sounds, were carefully observed. Practitioners were generally disappointed, in that disease, to find the frequent vomiting and purging not checked by the administration of stimulants and astringents; and the sounds manifestly indicated that the common effect of these remedies was decidedly to increase the intestinal commotion. Such was the manifest effect of opium, unless given in doses so large as to produce alarming prostration. On the contrary, frequent small doses of camphor, with a free administration of ice, appeared to have a soothing operation in moderating the rapid and irregular intestinal action. The comparative effects of large and small doses of calomel were strikingly interesting. Frequent small doses did not seem to diminish, but at least temporarily to increase, the disordered peristaltic and anti-peristaltic motions; while a single drachm dose almost invariably caused a total suspension of these motions. Calomel, in very large doses, thus seemed to be the appropriate remedy for the disease. It appeared to overpower the diseased intestinal action, arrested the vomiting and purging, and caused a total suspension of all intestinal motion, during which no sound was audible. An interval of perfect intestinal silence and repose now continued, ordinarily from eight to twelve hours, after which a natural peristaltic murmur indicated a gradual return of healthy action, which was in time succeeded by the grass-green evacuations, commonly regarded as evidence of a favorable crisis of the disease. Thus the large doses of calomel, instead of exhausting the system by an excessive cathartic operation, actually obviated exhaustion by arresting the profuse serous evacuations attending the disease.

Ordinarily the danger was considered as overcome, when the disordered intestinal action was suspended, and the stage of repose produced; and in this town few cases terminated fatally, when the practice was adopted of effecting this result by the large doses of calomel, before the system had been extremely exhausted by evacuations. In one case, however, that of a little girl, 10 years of age, who, without any premonitory symptoms, was most violently attacked with vomiting, purging and spasms, this treatment had the ordinary effect of promptly arresting the intestinal motions; but the system did

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\* It remains to be shown, whether these sounds are constant diagnostic signs of this disease, or whether, as I have observed in dysentery and other diseases, the varying epidemic type, in different seasons, will produce in cholera a variation of morbid intestinal action, with a corresponding variety of sounds.

not re-act, the pulse failed and became imperceptible within an hour from the attack, the coldness and lividity of the surface increased, and, without any return of peristaltic action, the patient died five hours from the attack.

*Cholera Morbus* is usually attended with intestinal sounds, which indicate a succession of quick and irregular peristaltic and anti-peristaltic motions. In some cases these motions continue until the contractile power of the intestines seems nearly exhausted, when a feeble, but more regular, peristaltic and anti-peristaltic motions. In some cases these motions continue until the contractile power of the intestines seems nearly exhausted, when a feeble, but more regular, peristaltic murmur indicates a gradual return of healthy action. The violent symptoms are not succeeded, as in Asiatic cholera, by a long interval of total inaction of the intestines; and the sounds are very different from those heard in that disease.

There is, however, a great diversity in cases commonly termed cholera morbus. Some cases commence with a violent diarrhœa, on the cessation of which occurs an obstinate vomiting, during which, as in colic, no intestinal sounds are heard, except those produced by anti-peristaltic action. Other cases commence with vomiting, without any downward motions, until at length the action is reversed, and the disease terminates with diarrhœa.

*Colic* is a disease which is variously divided by writers into several species. One of these, termed *C. rachialgia*, *C. pictonum*, &c., produced by the poison of lead, has characteristics certainly sufficient to give it a specific distinction; but the other divisions, I think, have reference to various exciting causes, or attendant circumstances, rather than to any proper specific characters. In the various forms of this disease auscultation affords results, which I regard as highly interesting, and of much practical value, and which may throw some light on the pathology of the disease.

*Common Colic* is characterized by "gripping pain in the bowels, chiefly about the navel, with vomiting and costiveness." The exciting causes are various, as irritating indigested food, biliary derangement, habitual costiveness, hardened fœces, flatus, worms, exposure to cold, and—what I consider as much the most common cause—rheumatism affecting the intestines. With these various exciting causes, the general characters of the disease are similiar; the severe gripping pain, obstinate constipation and vomiting, constituting the prominent symptoms.

There is, however, an *incipient, forming, or latent stage*, which with strict observation I think may always be noticed,

preceding the pain and other violent symptoms. The symptoms of this stage somewhat resemble those which precede the cold stage of intermittent fever. There is a general languor and lassitude, often a degree of moroseness or peevishness, and commonly a slight chilliness. The sensations in the abdomen are variously described by patients, as a numb, dead, heavy, or cold feeling. Many speak of a sensation, as of a cold weight, felt mostly between the region of the stomach and umbilicus. The physician is rarely consulted during this stage; and the symptoms are so slight, that ordinarily they are not particularly noticed by patients unaccustomed to attacks of the disease; while persons subject to frequent attacks learn to notice these sensations, as the invariable precursors of the more violent symptoms.

In this stage, which continues in different cases from half an hour to several hours, auscultation discovers a perfect stillness within the abdominal cavity. Sometimes there is an occasional rumbling in the course of the large intestines; and, with a desire to relieve the unpleasant sensations, the patient, by a voluntary straining effort, produces an evacuation of fæces with a quantity of flatus. There is, however, no indication of the slightest motion in the small intestines. This forming or latent stage of colic, which is commonly overlooked both by patients and physicians, is deserving of particular attention; because during this stage the peristaltic action is easily restored, and the violent symptoms thus prevented. In many cases this may be effected simply by the application of heat to the surface, especially to the extremities. Friction to the abdomen, with a sort of kneading process, contributes also to this effect. Often a free draught of hot coffee, or of some aromatic infusion, is sufficient; in other cases, a small dose of rhubarb, or other mild cathartic, with some aromatic, is required. Commonly, a few drops of cajeput oil will promptly restore the peristaltic action. My usual remedy for this purpose is camphor, in frequent small doses; and I have instructed many persons to ward off habitual attacks of colic, by carrying constantly in the pocket a small piece of camphor, to be gradually dissolved in the mouth, and swallowed with the saliva, whenever these premonitory symptoms occur. This remedy is often more effectual, in exciting peristaltic action in such cases, than a brisk cathartic.

This forming stage, unless the peristaltic action is soon restored, is succeeded by the violent symptoms of the disease. With occasional short remissions, the pain become severe; the abdominal muscles are rigidly contracted, producing a knotted appearance of the surface, and there is occasional nausea and



vomiting. The patient groans, and throws himself into various positions, with the vain hope of relieving his distress. In this, as well as in the forming stage of colic, the ear applied to the abdomen discovers no evidence of peristaltic action, but on the contrary a perfect stillness within the abdominal cavity.

This *cessation of peristaltic action*, I may confidently assert, is a chief *essential character of colic*; the motion being suspended before the occurrence of the violent symptoms, and not recurring until the disease is about to yield. Sometimes during the violent contortions of the body, a momentary sound is heard, indicating a slight intestinal motion, which seems to be produced by the mechanical pressure of the abdominal parietes, rather than by a peristaltic action. Occasionally, too, there are sounds produced by anti-peristaltic motions, which motions either terminate at the stomach causing simple nausea, or extend into the stomach so as to excite vomiting. By these circumstances, and by the variety of sounds, anti-peristaltic motions can commonly be distinguished from a regular peristaltic action. This distinction is important, for as a cessation of peristaltic action is a main essential character of colic, so a return of this action indicates a favorable crisis of the disease. The sounds produced by anti-peristaltic motions are only occasional and transient, preceeding commonly from a limited portion of the intestinal canal; and they are usually succeeded, as before stated, by nausea or vomiting. Those attending a regular peristaltic action are produced throughout the whole course of the intestines, constituting an almost incessant rumbling, heard distinctly at one moment directly under the ear, then gradually receding until it seems like a distant echo, and again returning in the course of the convolutions of the intestines. There is thus a union of near and distant sounds, indicating a general action throughout the intestinal canal. When this description of sounds is heard in colic, the patient may be considered as safe, even if the pain continues severe; on the contrary, a complete subsidence of the pain and other violent symptoms, unless attended by a return of healthy peristaltic murmur, affords no favorable indication, in any stage of the disease, and in an advanced stage, when the strength is exhausted by protracted suffering, it indicates extreme danger—a loss of the sensibility and excitability of the intestines, and a failing of the powers of life.

Commonly, a return of peristaltic motion is followed, almost immediately, with a relief of pain and other severe symptoms; but in protracted cases, when the bowels have become inflamed, and the soreness such that the least external pressure cannot be tolerated, this return of peristaltic motion causes a decided in-

crease of pain. This circumstance is similiar to what is often observed during the resolution of pneumonia, when a return of respiration to a portion of inflamed lung, which has previously been impermeable to air, produces the keenest pain. In such cases auscultation informs us that all is well, when the sensations of the patient would indicate an aggravation of the disease. The signs thus furnished, in colic and other diseases, will often direct the withholding of medication, when it is no longer required, and when its continuance might sometimes be injurious. Frequently they have enabled me to assure patients that the cause of difficulty was removed, and that my services were no longer required, some hours before the general symptoms showed signs of any mitigation.

Some eighteen years ago, I called one morning to see an eminent medical friend, who had been subject to frequent attacks of colic, and who was now thought to be dying, after a night of extreme suffering with this disease. Applying my ear to the abdomen, I immediately assured him that a regular peristaltic action was restored, and that the danger was over. He replied that he experienced no relief of symptoms, saw little reason for encouragment, and felt as though he could survive but a short time. The pain was now severe and increasing; and it was more than two hours from this time before the apprehensions of the patient, and of his friends generally, were at all relieved. In this case, as in many others that I have observed, it was full three hours, after my confident assurance that the disease had made a favorable crisis, before there was any evacuation from the bowels.

In March, 1847, I was called at night to a man affected with colic. After the usual precursory symptoms, he had now, for about too hours, suffered severe pain, which had suddenly increased within the last few minutes, so that he could hardly be confined to the bed. The application of the ear discovered a regular active peristaltic motion. I concluded that this was a case, such as are sometimes observed, of a spontaneous restoration of peristaltic motion, and that this returning motion had caused the present sudden increase of pain. As the pain had not continued long enough to induce any considerable inflammation or soreness of the intestines, I did not hesitate to assure him, that if he would keep warm in bed, the pain would soon subside. I remained with him about thirty minutes, and left him in a quiet sleep—not taking to myself the credit of a cure, as I might have done, had not auscultation informed me that a spontaneous natural action had rendered medication unnecessary.

Pathologists entertain different opinions in reference to the

immediate cause of colic. Some, with Cullen, consider the symptoms as owing to a spasmodic constriction of the intestines; while Abercrombie and others attribute the inaction of the intestines to torpor, or a loss of their muscular power. I am inclined to the latter opinion—to attribute the inaction of the intestines to a suspension of the motor nervous influence, and the supervening pain to a morbid excitement of the sensitive nerves. Such an association of paralysis of motion, with morbid sensibility, is not uncommon in other parts of the body. Paralysis of the limbs is often attended with paroxysms of severe pain: and in a painful sciatica, and in neuralgia of various parts of the system, the motor nervous influence is usually more or less diminished.

It is well known, however, that all the symptoms of colic are produced by any obstruction which mechanically arrests the motion through any portion of the intestines; as in strangulated hernia, involution of the intestines, and in cases of obstruction from impacted fæces, calculi, or any solid substances in the intestinal canal. It is remarkable, moreover, that the same results are caused by sympathy of the intestines with obstruction in other parts; as a foreign substance in the *cul-de-sac* of the appendix vermiformis, calculi in the ureters, gall-stones in the biliary ducts, and also in severe cases of dysmenorrhœa.

In all these affections, in some stages of the complaints at least, there is the same total suspension of peristaltic motion, which occurs in colic. When the mechanical obstruction is obviated in these complaints, as in the relief of the strangulation in hernia, it is commonly observed that the relief is immediately succeeded by a rumbling sound in the intestines, which is usually followed by alvine evacuations.

It may be difficult to explain how these various mechanical obstructions should cause a suspension of the motor nervous influence in the intestines; but from my observations I may assert that there is commonly (I would not say invariably) the same numb, heavy sensation, preceding the pain and other violent symptoms, that I have described as constituting the forming stage of colic.

*Colica Rachialgia* (*Lead Colic*) may be considered as specifically different from common colic. Its cause, its symptoms, and its obstinate character, sufficiently distinguish it. Auscultation, also, in the course of the disease, discovers signs, which are distinctly characteristic. There is not, indeed, any particular sign, which, like the crepitation characteristic of pneumonia, the moment it is heard, decides the character of the disease; but the auscultator has to notice a succession of va-



rious signs, which are severally indefinite and insignificant, from the assemblage of which he will form his diagnosis.

The peristaltic action is wholly or partially suspended for a longer period, and is re-excited with more difficulty, than in common colic. Some cases I have closely watched, for two, three and even six days, without observing the least sound of peristaltic motion. More commonly, however, the stillness of the intestinal canal is occasionally broken, for a few moments, by a dull rumbling sound, indicating a slight and sluggish action in a limited portion of intestine. Often there is a transient blowing or sub-whistling sound, seemingly produced by wind crowded through a contracted portion of intestine. During the whole disease, all the intestinal motions appear weak, slow and sluggish; the sounds not having the suddenness and regular succession of healthy peristaltic action. Indeed, for weeks or months after convalescence, ordinarily the sedative influence of the lead appears to continue; the sounds indicating a torpid intestinal action, and regular evacuations being procured with difficulty.

This disease does not, like common colic, form a crisis by a sudden transition from total inaction to a general peristaltic motion, which terminates the disease. But in lead colic, sometimes for days before there is any decided improvement, an occasional rumbling is heard, indicating a considerable intestinal action. Again—perhaps within an hour, or on the succeeding day—we find all silent; and for several successive days, these intervals of inaction may alternate with efforts of the intestines to re-establish peristaltic motion. From not being aware of this circumstance, in my early observations, I sometimes concluded that a favorable crisis had occurred, long before the disease was subdued.

In this disease, as in common colic, sounds frequently occur, produced by anti-peristaltic motions, which the practitioner should not mistake for regular peristaltic action.

*In dysentery* there are no characteristic sounds, attending the disordered intestinal action, sufficient to distinguish it from other diseases. The general character of this disease varies much in different seasons; and in particular cases, there are many variations of disordered action, in its different stages. These variations, however, are productive of signs, which, after a little observation of the epidemic tendencies, the auscultator may learn to improve, in watching the changes, of symptoms, and in directing his treatment.

Though no constant rules can be given, for the sounds to be expected in the course of this disease, it is useful to watch by auscultation the changes which occur in different portions of

the intestinal canal. Commonly, though the disease is seated chiefly in the large intestines, the small intestines are more or less affected, their peristaltic action being irregular—sometimes morbidly increased, but more commonly diminished, and sometimes wholly suspended. Attention to the signs furnished by auscultation will often enable a practitioner to avoid being taken by surprise, by the changes which frequently occur in the course of this disease.

*The proper management of cathartic medicines* is one of the most important, and often one of the most difficult, subjects in medical practice. The indications and contra-indications, for the use of this class of remedies, are often obscure; and in the course of almost every case of fever, and other dangerous disease, the practitioner will frequently on this subject find himself in doubt. It is obvious that a correct knowledge of the condition and action of the intestinal canal must essentially aid to render these indications plain. Hence every available means of acquiring such knowledge is calculated to aid the practitioner's decision in frequent cases of doubt and uncertainty. It is in this point of view, perhaps, more than any other, that the exploration of the intestines by auscultation must become a valuable auxiliary to the healing art. Much information is thus afforded, in regard to the action and the contents of the intestines—circumstances which are obviously important in determining the indications for cathartics.

In many cases the practitioner is importuned by patients, or their attendants, for the employment of cathartics, when the application of the ear would give assurance that spontaneous evacuations will soon occur. So when cathartics have been administered, we have a pretty sure criterion, in the signs furnished by auscultation, of the operation which they are likely to effect. The practitioner is thus guarded against over-dosing with cathartics, and thereby causing exhausting evacuations, which might be very injurious in a debilitated condition of the system.

It would be superfluous to attempt a description of the sounds which afford these indications, as a little observation renders obvious the sounds caused by a rapid peristaltic action briskly agitating the liquid contents of the intestines.

In cases of *diarrhœa* this method of exploration is valuable in forming an estimate of the severity and obstinacy of the complaint. In many cases moreover, in the progress of fevers, and other diseases, the intestinal sounds will give the practitioner timely warning of the approach of this complaint, long before the occurrence of any evacuations; just as in pneumonia the sign of crepitation reveals the character of the disease,

sometimes long before the appearance of the characteristic bloody sputa. The occurrence of a diarrhœa being thus anticipated, it may often be prevented by timely medication.

In other cases when the occurrence of frequent copious evacuations might otherwise cause serious apprehension, we can by this means obtain immediate assurance that there is no danger. A single case is subjoined, as an instance of the satisfactory information frequently afforded me in such cases.

Some years since, I was called in haste, in the absence of the attending physician, to visit an aged woman, who in the course of a fever had been suddenly attacked with diarrhœa. The evacuations had caused extreme exhaustion, with faintness; and the patient and her friends were much alarmed. Applying the ear over the abdomen, I decided unhesitatingly that the diarrhœa would give no further trouble; but in reply I was told that for two hours the evacuations had been copious and frequent, the last only a few minutes previous; and it was urged that immediate remedies must be applied for arresting the complaint. I persisted in my decision, and did nothing except to quiet the alarm with my assurances that the diarrhœa was suspended. It was now early in the afternoon; and I afterwards learned, from the attending physician, that there was no subsequent evacuation until the next morning.

The method of exploration, recommended in this essay, may be practiced, either by the direct application of the ear, or through the medium of the stethoscope. The stethoscope is advantageously used, when it is desired to discover the sounds originating in any definite region of the intestinal canal; but for most purposes the direct application of the ear is preferable.

It is an advantage of the latter method, that ordinarily, it does not require the bed-clothing of the patient to be removed; as the sounds, which are the objects of investigation, may commonly be heard, with sufficient clearness, through several thicknesses of clothing—the ear being applied, with moderate pressure, over the abdomen, while the patient is lying on the back. In no case, whether the immediate or mediate method is adopted, is it required to entirely uncover the abdomen.

The immediate method has another advantage, that it not only discovers the sounds originating directly under the ear, but at the same time notices those produced in more distant portions of the intestines. It thus takes a general observation of the condition and action of the intestinal canal, more fully than can be done with the stethoscope.

In conclusion, I would remark, that the purpose, of bringing to the notice of the medical profession the subject of intestinal auscultation, has been delayed for many years, with the hope



of being able to give the subject a more satisfactory degree of precision and system. The importance of the subject, it will be understood, is claimed, not so much from its affording signs to characterize and distinguish different diseases, as for its giving indications of particular morbid conditions and actions of the intestines, which may occur in diseases. The difficulty, which has been my chief source of discouragement and delay, has been the impossibility of giving a satisfactory description of the sounds affording these indications. To describe sounds, by language, is ordinarily a difficult matter. We recognize at once the voices of familiar acquaintances; but we should fail in any attempt to give a definite description of the sounds of these various voices. So the auscultator may discover variations of sound, produced within the intestinal canal, which a little observation will enable him to recognize, as signs affording clear and valuable indications; but these signs are to be learned by the practitioner's own experience, rather than from any description which the experience of others can furnish.

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*Early Pregnancy: and Infantile Menstruation.*—(London Journal of Medicine.)

In the London Medical Gazette, for 3d Nov. 1848, Mr. John Smith publishes a recent case of *Early Pregnancy*. It is interesting, not only from the extreme youth of the mother, but from the fact of her having borne a living and tolerably healthy infant. The following is Mr. Smith's narrative:—

“At the Coventry Assizes, of August, 1848, Julia Amelia Sprayson preferred a charge of rape against her uncle, James Chattaway, who was convicted of the assault, and sentenced to two years' imprisonment and hard labor in the House of Correction. The girl was far advanced in a state of pregnancy, and as it is of rare occurrence for conception to take place at so early an age as *between eleven and twelve years*, many surmises were expressed by the gossips as to what would be the probable issue. She continued in good health up to the day of delivery, which took place on the 16th September, 1848. In the early part of the morning she became restless and uneasy; and from the hour of 11, A. M., slight pains occurred at irregular intervals, until about 5, P. M., when it was evident that labor was rapidly advancing. On being sent for soon after, in consequence of the absence from town of Dr. Dewes, who had been engaged to attend her, I proceeded to make an examination, when I found the pelvis of average dimensions, and the os uteri about the size

of a shilling piece; but as the parturient throes were active, and returned every eight or ten minutes, it appeared prudent to remain until the case had terminated. Nothing remarkable supervened during the progress of the labor, except that it was of unusually short duration. From first to last she was not more than ten hours ailing, while the period of actual labor was not extended beyond four hours, and this would have been further shortened but for the smallness of the external outlet. The subsequent symptoms were just as favorable as the labor had been short. The lochia ceased after the lapse of a few days: the mammæ became duly developed, and the secretion of milk was so copious as presently to suggest to her mother the idea of seeking for a situation as wet nurse. The infant at birth was long, slender, and emaciated, but rather below the average size, and in many respects may be said to have borne a striking resemblance to the offspring of mothers who had been imperfectly nourished during pregnancy. It did not occur to me at the time, either to place it in the scales, or to take its admeasurement, but at the time of writing this report (23d October, 1848,) it is  $8\frac{1}{4}$  pounds in weight. The present weight of the mother is  $104\frac{1}{2}$  pounds. When she had so far recovered as to take a share in domestic avocations, it seemed advisable to pay her an early visit, to elicit if possible, some farther information than what had transpired in court, with a view of establishing some data as to the period of uterogestation; and although foiled and disappointed with the result of this part of the investigation, some particulars of interest were readily obtained. She was rather of prepossessing appearance, of fair complexion, with brown hair and dark gray eyes; more womanly by far than is usually witnessed at her age, her figure being tolerably plump, well set and proportioned, and her height being rather more than five feet; and notwithstanding her casually childish manner, there was that forwardness of expression which betokened a more than ordinary development of character. On inquiry her mother assured me that she began to menstruate when *ten years and six weeks* old; and it was distinctly ascertained that there had been a regular return of the catamenial discharge, in somewhat profuse quantity, up to the period at which conception took place. The girl had lost her father about two years ago, and that she might not be a burden to her widowed mother, had been in residence with her uncle, who was a weaver at Foleshill. This unhappy man, who proved her seducer, was aged forty-seven, living with his wife, to whom he had been married twenty-five years, and by whom he had had a family of two or three children. The niece was taught to weave at a handloom, which stood in the same apartment in which her

uncle pursued his daily employment; and here it would seem that familiarities arose which issued at length in criminal intercourse. This latter took place for the first time about the middle of November, 1847, and was allowed to be repeated on four occasions at weekly intervals; but as the catamenia had appeared during the last week of that month, and did not recur in the Christmas week, she dated conception from the latter period. No communication was made to her relations of what had transpired until six months had elapsed, when her situation became too prominent to elude further observation, and then it was that arrangements were made for bringing her under the maternal roof; and means were taken for delivering her seducer into the hands of justice. The most rigid inquiry failed in deducing any farther particulars that could be at all relied on as authentic information. . . . I have been at the pains of consulting the registers both of her birth and baptism. The former bears the date of February 13th, 1836, and the latter March 7th, of the same year."

*Early Pregnancy.*—In connexion with the above, the following notes of cases of early pregnancy may be interesting to many; the more especially at present, when we may expect to hear of similar, or more remarkable cases, occurring in those continental cities which have lately been the scene of revolutionary license. That the aptitude of the human female for conception at a tender age is greater than is commonly imagined, we may infer from the fact that during national convulsions (in which the bonds of social order and decency have been broken,) cases of early pregnancy have been observed to be of more frequent occurrence. During the revolution in France, at the close of the last century, several instances occurred of females of eleven, and even below that age, being received, in a pregnant state, into the Maternité at Paris.

1. Sir Everard Home says, "I have met with corpora lutea in virgins at fourteen, and know of two instances of girls still earlier, one at thirteen, the other at twelve."—*Phil. Trans.* 1819, page 61.

2. Dr. W. F. Montgomery says, that "the earliest instance of pregnancy known to him, was that of a young lady who brought forth twins before she had completed her fifteenth year."—*Signs and Symptoms of Pregnancy*, p. 163.

3. Mr. Robertson, of Manchester, mentions a case which occurred in the practice of Mr. R. Thorpe. It is thus quoted from the *Edinburgh Medical and Surgical Journal*, vol. xxxviii, p. 231, by Dr. Montgomery:—"She had been employed in a cotton factory, and was represented to have become pregnant



in her eleventh year. Mr. Thorpe and the late Dr. Hardie were at the trouble of examining the registers of her birth and christening, and fully satisfied themselves that she had really conceived during the eleventh year of her age, and that at the time of her delivery she was only a few months advanced in her twelfth year; her figure was that of a well-grown young woman, with fully developed mammæ, and it was ascertained that she had menstruated before she became pregnant."—*Op. cit.*, p. 162.

4. Dr. Rowlett, of Waisborough, Kentucky, reports, in the *Transylvania Medical Journal*, vol. vii., p. 447, the case of Sally Deweese, born 7th April, 1824, in the county of Butler, Kentucky. "She began to menstruate at a year old, and the pelvis and breasts became developed in an extraordinary degree: she continued to menstruate regularly up to 1833, when she became pregnant, and on the 20th April, 1834, she was delivered of a female child, weighing seven pounds and three-quarters. At the time of publishing the case the child weighed eight pounds and three-quarters, and the mother 100 pounds, and was four feet seven inches in height."—(As quoted by Montgomery, *Op. cit.*, p. 162.)

5. La Motte delivered a girl who had not completed her thirteenth year, and who had never menstruated.—(*Traité des Accouchemens*, Obs. xxiii., p. 52, as quoted by Montgomery, *Op. cit.* p. 163.)

6. Dr. Michael Ryanknew of a female pregnant at  $12\frac{1}{2}$  years of age.—*Medical Jurisprudence*, p. 242.

*Infantile Menstruation.*—The following are a few curious instances, some of which certainly may be considered as puberty at an infantile age:—

1. Mr. Embling, in the *Lancet* for January 29, 1848, gives the following case:—At the date when the account was published, the child was three years old, and had during some preceding months menstruated regularly. The mammæ and nates were as fully developed as in an adult of twenty; the labia, etc. were like those of a mature young woman; the hymen was perfect; the vagina anteriorly was of large size; and on the pubes there was a slight growth of hair. The countenance, appearance and gait were in miniature those of an old woman. At her menstrual periods, she suffered the uterine, lumbar, and other pains common in women capable of uterogestation.

2. Dr. Dieffenbach, of Berlin, in *Meckel's Archiv. für Anatomie*, etc., 1827, p. 367, relates a case of early menstruation in a child nineteen months old. It was at birth of the natural size, but after the first month began to grow rapidly. In her

ninth month she was as large as a child a year and a half old; and about this time a discharge of blood from the vagina was observed. At the end of two months a more copious discharge took place, which was accompanied with an increase in the size of the mammæ, and the appearance of hairs on the genitals. The same phenomenon recurred at fourteen, and again at eighteen months. At the time of the report the mammæ were large, and the genitals were largely developed and covered with hairs. Nothing was remarked in her mental disposition different from other children of the same age, and there was no indication of sexual desire.

3. Dr. Catala, of Adge, attended a little girl of six years old, who was affected with a spasmodic cough, colic, headache, and epistaxis, which recurred every month. With other remedies which this condition indicated, he applied leeches to the calves of the legs. A discharge of blood from the uterus supervened, which was preceded by a febrile state. These phenomena, accompanied with some enlargement of the mammæ, pain in the lumbar region, an itching of the genitals, returned regularly every month, and lasted three days.—*Journal de Médecine et de Chirurgie*, par Covisart, Leroux, et Boyer, t. xi. p. 37, as quoted by De Boismont, in his work, *De la Menstruation*, p. 33: Paris, 1842.)

4. M. A. Brierre De Boismont, op. cit. p. 35, relates, on the authority of M. Le Beau, the case of Matilda H., who was born at New Orleans in 1827, with the breasts and genitals as perfectly developed as in a girl of 13 or 14 years. The menses appeared regularly each month, from the age of three years. They continued three days; and were as copious as in a perfect woman. At the age of four years, when the report was made, she was well-formed, and of handsome appearance; the mammæ were of the size of a large orange; and the pelvis seemed as large as in a child of eight years. Her health was excellent.—(From *Annal. d'Hygiène*, t. x. p. 484.)

5. Dr. Carus, of Dresden, mentions the case of Christina Theresa, born in the mountains of Saxony, of parents of a weak constitution. She was scarcely a year old when she began to grow rapidly. At the end of the second twelve-month the catamenia appeared, and continued to flow regularly once a month. The mammæ were firm, like those of a strong girl of 16; the body was stoutly made; and the genital organs were covered with dark brown hair. Her intellectual functions, tone of voice, and physiognomy, were those of a child three years old.—(*Allgemeine Zeitung für Chirurgie*, as quoted in *Edinburgh Monthly Journal of Medical Science*, p. 1050. 1842.)

6. Mr. W. H. Whitmore, of Cheltenham, communicated to

the Northern Journal of Medicine, for July, 1815, an account of the case of a child who menstruated regularly, at intervals of three weeks and two or three days, from a few days after birth, until the age of four years and some months, when she died. The developement of the body equalled that of a girl 10 or 11 years of age. The mammæ were unusually large: the mons veneris well covered with hair; the labia pudendi more sparingly so. In the absence of her periodical ailments, she would enter into the amusements of children of her own age; but when she was indisposed, she was exceedingly reserved, and would withdraw from all her playful occupations.

7. Dr. Lenz, of Dantzig, relates a case in which menstruation appeared at the eighteenth month, and continued up to the age of two years, when the case was reported. The general health was unaffected in the intervals, provided the discharge took place at the regular periods. The breasts and genital organs presented no remarkable appearance, but experienced an increase in temperature and size at each menstruation.—*Casper's Wochenschrift*, Oct. 3, 1840.

8. M. Gruere, of Dijon, was acquainted with the case of a child, aged three years, who had menstruated regularly since she was one year old. Her general health was good. There were no premonitory symptoms, except a slight feeling of tension in the hypogastric region. There were no external signs of puberty.—(*Journal de Medecine et de Chirurgie Pratique*. Mai, 1842. Paris.)

In addition to the above cases, others have been recorded, in which a discharge of blood, often accompanied with some enlargement of the breasts, took place from the genital organs soon after birth. It seems probable, however, that the hemorrhage might have arisen from other causes than the establishment of menstruation; and that the enlargement of the mammæ may be due to the sympathy which exists between them and the genital organs, independent of sexual aptitude. Of this kind are, probably, among others, the cases recorded by M. Mallat in the *Gazette Médicale* for 1832; and by Dr. Camerer in the *Medicinisches Correspondenz-Blatt*, as quoted in *Gazette Médicale*, p. 248, 1845.

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*Summary of Dr. Walshe's Report on Pulmonary Phthisis.*  
(British and Foreign Medico-Chirurg. Review.)

§ 1. There apparently exists a greater proneness to early marriage among phthisical, than non-phthisical persons; this greater proneness exists in both sexes, and, in the cases analysed, prevailed to the same amount in males and females.



§ 2. Of a given mass of patients entering the hospital in all stages of the disease, and in every variety of general condition—between the actually moribund state and that of but slight constitutional suffering—the number leaving it, on the one hand, *improved* or *unadvanced* was more than double that, on the other hand, leaving it in a *worse state* or *dying within its walls* (the exact ratio is 67·84 : 32·16). If the cases, in which death was actually imminent at the period of admission; were excluded, the result would be very materially more favourable than this.

§ 3. In 4·26 per cent. of the cases complete restoration to health, not only as regards apparent disturbance of the functions generally, but as regards local evidence of active pulmonary disease was effected.

§ 4. Complete removal of symptoms was more frequently effected in the male than in the female: but, on the other hand, the results were, on the whole, slightly more favourable in the latter than in the former sex.

§ 5. All patients whose condition grew worse, while they were in the hospital, had reached the stage of excavation on admission; and all patients, whose tubercles were yet unsoftened on admission, left the hospital either improved, or having had a *statu quo* condition kept up.

Improvement is more probable than the reverse, even where excavation exists on admission.

§ 6. In a given mass of cases, the chances of favourable influence from sojourn in the hospital will be greater, in a certain (undetermined) ratio, as the duration of the disease previous to the admission has been greater,—in other terms, natural tendency to a slow course is a more important element of success in the treatment of the disease, than the fact of that treatment having been undertaken at an early period. (Vide p. 229, § 4, 1, 2, 3.)

§ 7. The mean length of stay in the hospital in the most favourable class of cases, nearly doubled that in the least favourable.

§ 8. The chances of benefit are more in favour of those whose trades are pursued out of doors (wholly or partially), than of those who work altogether within doors.

§ 9. The results did not appear to be influenced by the laborious or non-laborious character of the trade individuals might have pursued.

§ 10. The age of the sufferers did not exercise any very material influence on the character of the results.

§ 11. Patients coming from the country have, on an average, a slightly stronger chance of improvement, than the residents of London and the suburbs.

§ 12. Patients admitted during the warmer half of the year, benefit by a sojourn at Brompton, to a slight extent, more than those received during the six colder months.

§ 13. From a comparative analysis of the family histories of 446 persons, 162 of them phthisical, 284 non-phthisical, the final conclusion flows:—*that phthisis in the adult hospital-population of this country is, to a slight amount only, a disease demonstrably derived from parents.* It is possible (nay, indeed, *probable*, for, in adults having a parental taint, the outbreak of the disease occurred a mean period of two years and nine months earlier, than in those free from such taint, vid. p. 238, Table,) that, were investigation extended to infancy, childhood, and youth, the ratio, of cases of parental taint among the phthisical would be proportionally greater than it proves where injury is limited to adults. But, on the other hand, there is no single valid reason for *supposing* (prior to actual experience) that the increase in that ratio would be of more than trifling amount. Again, whether the law differs in the adult portion of middle and upper classes of society, from that holding in the humbler classes, (those supplying hospitals,) can only be positively determined by an analysis of family histories collected among the former classes; meanwhile, it appears justifiable to doubt the reality of any such difference.

§ 14. If no distinction of sex be made, it appears that the softening point is attained with no very unequal rapidity in the right and the left lung; but such difference as exists signifies that softening is, on an average, more quickly accomplished on the left side than the right.

§ 15. But the law seems very clearly to differ in the two sexes in regard of this point: the disease is more rapidly evolved in the right lung of males, and in the left of females.

§ 16. Age exercises some influence over the course of the disease in the two lungs in the two sexes; in males, the excess of frequency with which the right lung had reached the second and third stages was within 2 per 100, the same before and after the age of 30; whereas in females the excess of frequency with which the left lung was found in those stages was about 45 per 100 greater after, than before, that age.

§ 17. Hæmoptysis is a symptom of extreme frequency,—occurring in about 81 per 100 of the cases.

§ 18. It was of very slightly (4 per 100) more frequent occurrence in males than females.

§ 19. Hæmoptysis to a medium amount is about four times less common than to very slight or to profuse amounts (both taken together). Very profuse hemorrhage from the lungs is more common in males than females.

§ 20. Medium frequency of recurrence of hæmoptysis is materially less common (and this in both sexes) than a single, or than repeated attacks. Further, repetition of hæmoptysis is more common in males than in females.

§ 21. It is materially more common for a first hemorrhage to be more profuse than subsequent ones, than for subsequent ones to be more profuse than the first.

§ 22. Hæmoptysis is more frequently met with (and this independently of any influence of duration of the disease) in persons who have reached the second and third stages, than in those whose lungs have not yet softened. This proposition is more markedly true of males than of females.

§ 23. There does not appear to be any notably greater tendency to hæmoptysis, where the right lung has reached a more advanced stage than the left, nor vice versa, where the left has taken the lead. It seems improbable that either lung is more effective in causing hæmoptysis than its fellow.

§ 24. The frequency of hæmoptysis increases with advancing years in both sexes. The increase is more abrupt in females than in males, and in the former appears connected with catamenial function.

§ 25. This greater frequency of hæmoptysis in persons of more advanced years, does not depend altogether on greater duration of the disease; for those, who had had hæmoptysis, had been phthisical for only a mean period of eight months longer than those who had not spit blood.

§ 26. The most common periods for the occurrence of hæmoptysis, were, at the very outset, or after the expiration of the first month; it is very rare for hæmoptysis to occur within the first month, unless it has actually appeared as the first, or among the first symptoms. The phrase "first symptom" here, is to be understood with the qualification already explained.

§ 27. In upwards of half the cases of notable hemorrhage (beyond 4 oz.) this occurs, or has occurred, as the "first symptom," corroborating the inference as to the excess of amount of first over subsequent hemorrhages.

§ 28. Hemorrhage of this amount is rare as a coexistence with other first symptoms (in  $\frac{1}{13}$  of these cases) appreciable by the patient.

§ 29. Streaked or tinged sputa are, on the contrary, of very common appearance amongst the earliest symptoms.

§ 30. But streaked or tinged sputa are rarely (or never) the "first symptom" singly and alone.

§ 31. Season does not appear to exercise any marked influence on the occurrence of a first hemorrhagic attack.

§ 32. Hæmoptysis never appeared as the *bonâ fide* first



symptom in these cases, the phrase being understood in its absolute sense without qualification.

§ 33. Pulmonary apoplexy is not the cause of phthisical hæmoptysis; the coexistence of pulmonary apoplexy and tubercles in a person who has had hæmoptysis, more or less recently before death, is at the least very rare. The common cause of hæmoptysis in tuberculous persons, is intense congestion ending in molecular ruptures.

§ 34. Expectoration of blood in persons labouring under chronic bronchitis, with or without emphysema, but without notable disease of the heart, justifies in itself a suspicion of the existence of latent tubercles.

§ 35. A given mass of cases of cancer of the lung will be attended nearly as often with hæmoptysis of all amounts, and greatly more often with hæmoptysis above an ounce at a time, than an equal mass of cases of phthisis. But cancerous disease of the lung is, comparatively speaking, so rare, that this proposition does not materially affect the diagnostic value of hæmoptysis in phthisis. Besides, the distinction of the diseases is, clinically, easy.

§ 36. Not only does chronic empyema not give rise in itself to hæmoptysis, but empyema, established in a phthisical person, appears to a certain extent prophylactic against the hæmoptysis which is almost an appanage of the latter disease.

§ 37. I have never once seen cardiac disease, of such kind as to cause hæmoptysis, coexistent with *phthisis*, using the term in its practical sense; but in a fair number of instances I have seen advanced cardiac disease in persons whose lungs contained *crude tubercles and gray granulations*, which had been completely, or almost completely, *latent*.

§ 38. Contrary to common belief, it may be affirmed, that when the *nisus hæmorrhagicus* in woman menstruating imperfectly, directs itself to the lung, and leads to the evacuation by that organ of a quantity of blood, amounting to or exceeding an ounce, there is motive for suspecting the existence of tubercles.

§ 39. All these propositions tend to exhibit in strong light the diagnostic signification of hæmoptysis *quoad tubercle*; but it is to be remembered that they will only hold completely true, if applied to *latent* as well as *obvious* tuberculization.

§ 40. The diagnostic importance of hæmoptysis as a symptom of tuberculization of the lungs is, indeed, extreme,—even sputa, simply streaked or tinged with blood, are not without their significance under certain circumstances.

§ 41. Hæmoptysis is rare “directly” fatal; more frequently so in males than in females.

§ 42. Frequently-recurring hæmoptysis does not reduce the mean duration of life in any given mass of tuberculous cases.

§ 43. A first hæmoptysis having been severe, it is unlikely that a subsequent one will kill "directly;" and a first hemorrhage being moderate, subsequent ones are not likely to be severe.

§ 44. The prognosis of hæmoptysis is materially more unfavourable in males than in females.

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*On Coxalgia.* By M. MALGAIGNE. (Gaz. des. Hôpitaux, and Medico-Chirurg. Review.)

By this term M. Malgaigne designates what is usually named hip-joint disease. He objects to some of the received doctrines concerning it. Thus he denies that the disease is indicated at all generally by pain in the knee, the hip-joint comporting itself in this particular like other joints. Moreover, when such coincident pains do occur, he believes them to be very rarely of a nervous or sympathetic character, the affection being usually a polyarticular phlegmasia of a rheumatic character.

Then again, the idea that the limb *lengthens* at an early period of the disease, and afterwards *shortens* without dislocation taking place, is quite an erroneous one. In the great majority of cases, if the limb be left to itself, and no force applied, a shortening *appears* to exist. But in these this appearance is produced by the limb lying in a state of *adduction*, obliquely, as respects the pelvis; and if by chance the limb were observed while in a state of *abduction*, an elongation would be thought to be present. It is only by supposing these changes of position to have been overlooked, that we can explain Boyer's strange statement as to the change of length in the limb without dislocation. During the last ten years, M. Malgaigne has made diligent search among a vast number of these cases, but has met with no such example. Larrey was accustomed to say a limb was two inches too long, and ordering his favorite moxas, declared soon afterwards that the normal length was restored; but his eye alone saw the miracle! For the explanation of the supposed change, theories have not been wanting. It has been said that a swollen state of the fatty mass in the articulation, or an effusion into the joint, extends the limb, forgetting that the effect of these must be to thrust the head of the bone outwards, and produce shortening. When the synovial fluid is much increased, the head may become quite dislocated, and *some shortening* be produced, as it may also when the solid parts of the joints are attacked, and the head of the bone in part eroded. While surgeons have paid so much attention to this imaginary elongation and shortening, they have

paid no heed to the muscular contraction, which, by inducing adduction, produces the apparent shortening.

[While appreciating M. Malgaigne's ingenious criticisms upon so many of the received doctrines of surgery, which stood in ample need of revision, we can hardly understand how one so familiar with hospital practice can bring in doubt the actual occurrence of sympathetic pain in the knee in hip-joint disease, and this quite independently of any inflammatory condition, rheumatic or otherwise. As to the difference of length observed in the limbs, independently of consecutive dislocation, he has probably indicated the true cause of the deceptive appearance; and he justly observes elsewhere, that even by measurement, as after accident, slight differences of length in the femur are frequently very difficult of verification.]

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*On the Treatment of Lupus.* By MM. DEVERGIE and PETREQUIN.  
(Brit. and For. Medico-Chirurg. Review.)

M. Devergie states that M. Emery has somewhat over-estimated the beneficial effects of cod-liver oil in lupus (p. 279); and he considers it a great mistake to depend upon any one remedy for the cure of diseases, especially of the skin, which may be simple or complicated in their nature, though still bearing the same name. With respect to lupus, there are two genera, the *tuberculous*, which affects the deeper parts, and the *serpiginous* or *herpetic* form, which affects the surface. If it has gone on to ulceration it is termed *exedens* and *vorax* when this proceeds rapidly. Of all these it is the *serpiginous* form, prior to ulceration, that best yields to cod-liver oil, to which remedy lupus of the limbs and trunk is more amenable than is that of the face. In a case under treatment, in which the disease existed both on the body and on the face, the latter alone has not yielded. Many cases of limited *tubercular* lupus may yield to measures which exert a general modificatory power upon the constitution, and to the use of *Canquoin's* caustic, which M. Devergie much employs in these cases. *Herpetiform* lupus that has ulcerated is very advantageously modified by the application of juniper oil to its edges. M. Devergie is far from underrating the beneficial effects of the cod-liver oil, preferring it, indeed, to any other separate remedy. He does not, however, approve of its exclusive use, believing a combination of means, both external and internal, to be the most judicious procedure. To this end he lays down the following as being the principles of treatment which should guide us. 1. To endeavor to establish the regularity of the menstrual functions by means of the syrup of the iodide of iron. 2. To administer cod-



liver oil internally. 3. To employ sulphureous or iodine baths. 4. To touch the lupus frequently, as every third day, for example, with the oil of juniper. 5. To apply Canquoin's caustic to tubercles which, during the process of cure, become isolated, but which still are dissipated with difficulty, and to ulcers which will not cicatrize. 6. To apply in some cases a slightly resolvent ointment, or a rubefacient preparation of iodine, to produce a modification in the more obstinate portions of the disease.—(*Bulletin de Thérapeutique*, tom. xxxv., p. 466.)

M. Chavannes, a pupil of M. Petrequin, of Lyons, furnishes a statement of the great success that practitioner has met with in treating the ulcerated form of lupus—*lupus exedens*—by means of the *chloride of gold*, which is also of great utility in other forms of skin disease when they take on an ulcerated form, as carcinoma of the face, eczema, tuberculous syphilide, &c. The caustic is composed of *very pure laminated gold* 1 part, *hydrochloric acid* 3 parts, *nitric acid* 1 part. It produces a temporarily sharp pain, and coagulation of the albuminous matters on the surface of the ulcer, which changes in colour successively from an orange yellow to a purple, violet, and black. A thick crust is the ultimate result, which, however, is no eschar, for there is no mortification, no loss of substance; but on the contrary, a vigorous reproduction. If after a while the crust be raised, we see under it a delicate, reddish, newly-formed skin, which needs the strengthening attainable by another slight cauterization. The healing takes place without cicatrix, unless the tissues of the part have already been deeply destroyed; and even the cicatrices, produced by other caustics may in some degree be arrested by the application of this one. Next to this caustic the *acid nitrate of mercury* is perhaps the best; but if applied over too large a surface, it may give rise to poisonous effects, while it produces much more pain and a very inferior degree of cicatrization.—(*Revue Médicale*, 1848, tom. iii, pp. 45–70.)

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*Prolapsus Uteri.* By Professor HOHL.—(From Ibid.

Professor Hohl believes that some very erroneous notions prevail as to the *causes* of this occurrence, and that some light may be thrown upon the subject by considering the changes of position which the uterus normally undergoes at different periods of life. In the mature foetus the uterus projects considerably beyond the pelvis; and it is only when it has acquired its completed shape and size at puberty, that it is found entirely within the cavity. At the commencement of the menstrual cycle it retains its position or even rises still higher in the pel-

vis, while at the termination of this it again sinks, with the loss of blood, in stout young women. In women who seldom or never bear children it sinks still deeper, as it does, too, after the menstrual functions have ceased. In pregnancy the organ rises remarkably, and M. Hohl denies the correctness of the statement that it sinks lower in the pelvis after the second month, the apparent sinking being due to the turgescence of the organ, and especially of its cervix. After delivery the uterus remains high up in the abdomen, and only gradually resumes its ordinary position. In old women it is found deep in the pelvis.

The production of prolapsus is not dependent upon the condition of the vagina, and the ligaments of the uterus. The vital power of the organ may be said to maintain it in position. When this is augmented the uterus is raised, while, when it is diminished or lost, it descends. Other organs, and indeed the whole body, in like manner exhibit strength and power proportionate to their *turgor vitalis*. The increase of the vital activity of the uterus during its development and growth; as also during menstruation and in pregnancy, is attended with elevation of the organ, which sinks again when these conditions prevail no longer. So far from allowing that the prolapse results from defective supporting power of the vagina, we may rather regard the uterus as supporting the vagina, and prolapsus of the latter may occur without any prolapsus uteri.

Thus the author refers the production of prolapsus to a preceding or co-existing condition of health, giving rise to a diminished vitality. This explains why we so seldom meet with the disease in young healthy women; while we know that whatever favors the relaxation of the genital system, and lowers the tone of the fibre, acts predisposingly,—the germ of the evil being found in the puerperal condition, when the uterus, after having been high up in the abdomen, sinks down into the lesser pelvis.

Although prolapsus may be secondarily produced by other affections, as tumours of the belly, prolapsus vaginæ, cystocele, &c., &c., yet far more frequently a change in the direction, rather than in the position of the organ then takes place; and even while the portion of the rectum in connexion with its posterior wall may prolapse entirely, the uterus may retain its normal position.

There may be a diseased condition of the economy in general, or of the uterus in particular, upon which depends the extinction or diminution of its vital power; and accordingly as this is or is not curable, will depend whether a cure of a prolapsus is apparent or real; as mere reposition with mechanical support is not a cure. In some diseases which are attended

with an increased activity of the uterus, there is a rising of the organ in the pelvis, as puerperal fever, hydrometra, &c. Disease of the ovaries do not produce any sinking of the organ; nor do tumors or indurations of its substance as long as they are in process of development, nor until they have interrupted its functions, or weighed it down by their great bulk. Polypi also seldom gave rise to prolapsus.

*Treatment.* Common as is the disease, a radical cure is seldom accomplished. The indications are to remedy the defective or disordered condition of the general vital powers or of those of the uterus in particular. The author especially warns us against the continued use of injections, and the too early employment of pessaries. When the vital power of the sexual system or uterus is exhausted in consequence of age, over-stimulus, or incurable disease, mere paliative treatment should be employed.—(*Zeitschrift für Geburtskunde*, Band xxiv, pp. 321-340.)

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*Patent and Secret Medicines.* By PROF. BUTTERFIELD—(New Orleans Medical and Surgical Journal.)

It is amusing as well as melancholy, to read in the public newspapers, the advertisements of the unprincipled dealers in secret medicines. Assurance, impudence and falsehood can scarcely go further. One would suppose that the public, seeing so many and such contradictory statements and promises, would have at least as much sense as the negro, when told that Jonah swalled the whale, that they would discredit them all; but no, the more falsehoods that can be crammed into a small space, the more noisy and importunate the quack or the vender, the more oily do their throats become, and, like Oliver, they are constantly "asking for more."

Take up almost any newspaper, and observe how large a portion of its colums is prostituted to the unholy purposes of deception and humbug. Several lie before us. Let us examine one or two. The first is a leading daily paper of considerable circulation and influence. It contains in all twenty colums, fifteen of which are devoted to advertisements of all descriptions. Of these fifteen colums, about two and a half herald the praises and sound the virtues of quack medicines, and this is rather less than the usual proportion. First, we have "Ten reasons for using Dr. *Bragg's* (a capital name,) sugar coated pills,"—then "A good medicine," next "Be wise in time, 'tis folly to defer:"—"Vegetable *vs.* Mineral," "Read, mark and partake," (especially the partake!) and so on.



The next paper is a weekly from one of the principal cities of Massachusetts. Although they *brag* enough there, in all conscience, we do not know that *Doctor!* (save the mark!) *Bragg* has extended his operation so far. Though the whole world, the medical faculty included, are generally convinced of the transcendently miraculous power of numerous nostrums, it is only now and then that one pushes its way beyond a comparative limited circle. The paper referred to has twenty-eight columns, only nine of which contain advertisements, and over *four* of these are paid for by nostrum mongers. There is old Townsend with his Sarsaparilla, belaboring young Townsend and his Sarsaparilla. There is young Townsend's "Reply to Tricks of Quacks." They each make the other a precious villain, and we believe them both. Then there is "Consumption cured" and "Fits! fits!" in a black ground like a coffin. Ten-thousand persons have been cured by one remedy, and ten-thousand more are *wanted* to be cured by all the rest. So it goes—a regular trade of humbug and cheatery—and otherwise respectable men are found in every community, ready for money to lend themselves to the fraud.

There is one establishment in Columbus for the exclusive sale of patent and *family* medicines. We like the plan. Isolate the business. Respectable druggists should have nothing to do with it. Let it be by itself, that the very multiplicity of its cure-alls and flaming hand-bills become suspicious, as well as ridiculous. We suppose that some honest men engage, thoughtlessly, in this highly dishonest and disreputable traffic;—we suppose that more don't think of or care for, consequences if the money comes,—but for ourselves, there is no honest calling, however humble or degraded, that would not be preferred.

We hope to see the time, and that shortly, when every druggist who deals in secret nostrums will be shunned by our profession, and left to depend upon the patronage he prefers.

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*Use of Nitrate of Silver for White Swellings, Hydrarthrosis, and Venereal Bubo.* (Dublin Med. Press.)

M. Decaisne, military surgeon at Anvers, has published in the Archives de Médecine Militaire, some observations on this subject; two remarkable cases are given. One of the patients was a man of 27 years of age, and of a lymphatic temperament, who, on the night of the 5th of February, 1847, felt a severe pain in the right knee; swelling soon followed, and the patient was unable to use the limb. Every means were had recourse to for his relief—antiphlogistics, baths, calomel and opium, blis-

ters, iodine, mercurial ointment, compression and douches, without any effect in arresting its progress into regular white swelling. In the month of July, M. Decaisne began the use of an ointment of nitrate of silver, when the knee was double its natural size, was so tender that the patient dreaded its being touched, all motion in the joint impossible, and with three fistulous openings at the inner side of the joint; amputation appeared inevitable; and in this very unfavorable aspect of affairs it was ordered to employ friction twice a day of an ointment composed of one *gros* (59.1 grains) of the salt of silver to an ounce of lard; about two *gros* of the ointment were used at each application. Under this treatment the pain sensibly abated in a few days, the swelling gradually diminished, and in about a month the improvement, in every respect, was considerable. During the month of August, the proportion of the nitrate of silver to the lard was increased to a *gros* and a half or two *gros* to the ounce of lard, and at length, at the end of the month, the cure was complete, and the young man only experienced a slight stiffness in bending the knee. The second case was that of a young boy, attacked with a white-swelling of the radio-carpal articulation. Previously to the employment of the ointment of the nitrate of silver in this case, a number of more active remedies had been tried in vain; the swelling was considerable, and it was necessary to open a large abscess near the articulation. After using the ointment of the nitrate of silver for two months the amelioration was considerable, or rather the cure was completed.

After giving the above cases, the *Journal de Médecine* adds the following remarks: Other cases, where the salt of silver in the form of ointment have been recently published in the *Archives de la Médecine Belge*, by Professor Uytterhoeven; he used it in a great number of cases, but all those he details were dropsy of joints, not white-swelling: the ointment of nitrate of silver possesses a resolute action upon those serous swellings of joints. This therapeutic agent should not be employed until the inflammatory stage has passed.

In making the ointment it is necessary to dissolve the nitrate of silver in water before incorporating it with the lard, to prevent the rubefacient or cankerizing effect of the metallic salt on the skin, or the formation of vesicles, which without this precaution would be inevitable. Generally smart pain, but transient, is experienced on the application of this remedy at the place on which it is rubbed.

The power of this ointment to resolve venereal buboes has been experienced in the practice of M. Lutens; he dissolved a drachm of the salt in a sufficient quantity of distilled water, and

then mixed it with an ounce of lard. His mode of using it is this,—about two drachms of the ointment are used at each rubbing: after three or four days the skin becomes black and shining; instead of suspending the treatment until the epidermis desquimates fully, the scales are detached with the nail, or a spatula, and the frictions immediately recommenced. These frictions never occasion pain, but sometimes a slight uneasiness. M. Lutens uses this ointment also in glandular swellings of the neck and groin, and in all stages of bubo.

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*Arterial Compression as an Antiphlogistic.* (American Jour. Med. Sciences, from Jour. de Médecine.)

Dr. Henroz de Marche has published a work on the value of compressing the brachial artery in cases of whitlow to check the inflammatory process in the finger; this seems but an exaggeration of M. Gerdy's principle of keeping the limb elevated so as to lessen the force of the arterial circulation in the inflamed part. Dr. Henroz was one day in his garden pruning an arbutus, and got a prick of a thorn in his left ring-finger at the inner side of the third phalanx; the thorn was extracted, and for twenty-four hours he felt no uneasiness in the part; the finger at this time began to swell rapidly, and to grow red, and the inflammation extended by degrees to the palm and back of the hand. On the fourth day, the pain was pulsatile and severe; he could not sleep; had great thirst; skin hot, and pulse frequent; the axillary glands were swollen but indolent. Stuping, leeches, poultices, opiates, mercurial frictions, were in their turn tried without advantage. It then occurred to M. Henroz to try compression of the brachial artery, which he did immediately with his thumb; instantly, the severe pain which he had endured for five days ceased, as if by magic, and he was able, without the slightest uneasiness, to put his hand into any position he pleased, and even the redness disappeared completely. However, as it was impossible to maintain the pressure in this manner for any length of time, he contrived an instrument for the purpose, so simple in its construction as perhaps to make it a valuable aid in such cases in the country, where more perfect ones could not be readily had. It was applied on the brachial artery, and the same good effects immediately followed as when compression was made with the thumb; it was left on for three hours, during which the pain in the hand did not recur for an instant; it was pale and cool, and the swelling had diminished. Fearing that a longer interruption to the circulation might produce ill consequences, M. Henroz suspended the compression for three-quarters of an



hour. The pain returned; pressure was again made, but this time it was on the ulnar not the brachial artery, and the symptoms were as suddenly relieved as in the former case. Compression on the artery was thus continued from half-past twelve at noon until five o'clock in the evening, as well as the palm and dorsum of the hand with firm compresses of wadding, at which time the tumefaction of the hand and finger was permanently reduced, as also the tenderness; the symptoms of reaction had ceased, and there were no longer pain or fever. In the evening, pressure was again made and continued all night; the next day the cure was complete.

The same treatment was employed by M. Henroz with the same result on a young girl who had a very severe whitlow; in this case, in which the affection was eight days progressing, the pain left the part the instant the compression was applied, and the cure was complete in thirty six hours.

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*The Medical Properties of Sulphur.* By FENNER H. PECKHAM, M.D., of North Killingly, Connecticut.—(Boston Med. and Surg. Journal.)

It is unnecessary to speak of the physical appearance of this substance. So common is the article that it is known to almost every one. It is simply with its medical properties we have to deal. Sulphur has long been known as a medicine, and has a place in our oldest Dispensatories. It can be made to unite with many other substances, changing materially their medical qualities and physical appearance. Pure sulphur possesses various medical qualities. It is a laxative, and has important diaphoretic, diuretic and alterative properties. When given in doses from a scruple to a drachm, it operates as a laxative. Whether its laxative powers depend upon the mechanical effect which it exerts upon the stomach and bowels, or upon its chemical action, I am not to decide; but probably upon both. When taken in the above mentioned doses, it moves the bowels gently and efficiently, without griping. I have found its efficacy very manifest in costive habits, arising from inaction of the bowels, and especially if accompanied with hemorrhoidal difficulties. In such cases, it quickens the intestinal circulation, gives muscular tone to the bowels, and restores peristaltic action. Hence, as a laxative it has no superior, and few equals, in my estimation, in all cases of the above description. Sulphur is more efficacious as a laxative, in some cases, when combined with other medicines. I have found it much more so in rheumatism when combined with gum guaiac. and colchicum. In this

combination not only are its laxative powers more manifest, but its diaphoretic and diuretic qualities greatly increase, and I know of no aperient that equals this combination, in the above disease. I have frequently administered the following in rheumatism, with great success:—

R. Sulphur, . . . . . 3ij.

Pulv. G. Guaiac.

“ Radex Colchic., aa ʒj.

Mix, and divide into eight equal parts; give one every four hours until the bowels are thoroughly moved. After this, one may be used night and morning, or as the case may require. I have sometimes used the above combined in spirits, preferring gin, especially if there was a suppression of urine. When used in the spirituous form, I usually add one ounce of serpentaria—using the above quantity to a pint of spirits, and giving it in doses of a table-spoonful three times a day.

I have not only found this useful in all arthritic complaints, but also in neuralgia and some cutaneous diseases. It will answer a better purpose in acute arthritis, if used in the form of powder; but in cachectic habits, and especially where there is a depraved state of the functions of assimilation, as is indicated by biles and other eruptions upon the surface, the alcoholic preparation will succeed best. In all cutaneous affections, where the bowels are required to be kept gently open, sulphur is a valuable medicine. In cutaneous affections where there is want of urinary secretion, as there almost always is, it will be found more efficacious, if combined with cream of tartar.

In dyspepsia, accompanied with a weak, relaxed state of the stomach and intestines, sulphur, combined with small doses of cayenne and ipecac, taken three times a day, before eating, will prove almost a specific. Where there is an inactive state of the liver, accompanied, as it generally is, by an indolent state of the bowels, sulphur, with calc. magnesia and a decoction of dandelion and wild cherry tree bark, will speedily remove the disease. In all cases where the cutaneous function is disordered, sulphur is a valuable medicine—for, in the quaint language of an old author, “pure sulphur loosens the belly, and promotes insensible perspiration.” It passes through the whole habit, and manifestly transpires through the pores of the skin, as appears from the sulphurous smell of persons having taken it, and from silver being stained of a black color in their pockets, which is the known effect of sulphur.

In all mucous membranous diseases, as well as cutaneous, sulphur is a valuable medicine. It is valuable in these cases from the diaphoretic, diuretic and laxative qualities which it possesses. It may possess other qualities that render it useful in these

diseases. Its beneficial influence in these disorders, indicates clearly the analogous structure that exists between the skin and mucous membrane. In mucous membranous disease of the lungs, it will prove more efficacious if combined with antimony, mercury, and opium; and it is singular how it changes and modifies the operation of these medicines. This effect is spoken of in the Edinburgh Dispensatory, and is there attributed to its laxative powers; but I think it is from the chemical change it induces.

In mucous membranous disease of the bowels, sulphur, combined with cream of tartar and other refrigerant salts, is very useful. It seems to exert a wonderful influence over the functions of assimilation, and it is in this way, I imagine, that it proves so serviceable in all disorders of the cutaneous function, when taken internally. It certainly possesses a wonderful influence over diseases of this function, whether they exist locally or from a constitutional cause. I have often been surprised at the beneficial influence, in salt rheum, of a combination of fl. sulphur, tar, and mutton tallow, in the proportion of equal parts, simmered together in the form of an ointment. After having tried various local applications, and constitutional agents, with no benefit whatever, I have succeeded in effecting a perfect cure, in a few days, by the application of this ointment, two or three times a day, and with a few doses of cream tartar and sulphur. And so with other itching and eruptive diseases.

Sulphur was formerly used in coughs to a considerable extent, and with good effect; but it has quite gone into disuse for this purpose, except among farriers, who use it in coughs of horses and other animals, with good success. In the horse I have used it with good success, combined with crude antimony, in the proportion of  $\frac{1}{4}$  lb of antimony to 1 lb of sulphur—mix, and give a table-spoonful of this mixture, in oats or meal, three times a day.

I have used sulphur in whooping cough with good effect, in combination with sanguinaria. I have found it useful in catarrhal coughs of winter, especially in such children as are troubled with worms.

I have used sulphur in chlorosis with decided advantage. I attribute the beneficial influence which it exerts upon this disease, to the healthy action it establishes in the assimilative functions.

Sulphur, charcoal, and calc. magnesias, equal parts, form a valuable aperient, in this disease.

I have never used sulphur in the form of vapor-bath, to any very great extent. I have no doubt, however, of its utility, from what I have observed of its external operation, especially



in cutaneous affections, rheumatism, scrofula and other kindred diseases. I know a highly intelligent lady who was afflicted with scrofula, to a very great extent. She was subjected to a thorough course of mercury, together with iodine and saline medicines, with no benefit whatever, but was finally fully restored by the use of the above bath.

Sulphur has lately been proclaimed a specific for the cholera. In reference to its powers as a preventive or curative medicine, in this disease, I am unable to speak, never having used it in cholera. I have no doubt that, taken in laxative doses, by clearing the *prima viæ* and exciting the glandular secretions, thereby keeping the digestive organs in a healthy condition, it might prevent cholera; but that, taken occasionally, it would render the system insusceptible to a deleterious atmosphere, is very doubtful.

Sulphur ointment was formerly much used in the treatment of psora. It has been considered a specific in this disease. The disagreeable odour of sulphur, and its former use in the itch, have created a popular prejudice against it, as a medicine, and this is one reason why it has fallen into such general disuse.

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#### BIBLIOGRAPHICAL NOTICES.

1. *Human Anatomy*. By JONES QUAIN, M. D., Edited by RICHARD QUAIN, F. R. S. and WM. SHARPEY, M. D., F. R. S., Professors of Anatomy and Physiology in University College, London. First American, from the fifth London edition. Edited by JOSEPH LEIDY, M. D. In two volumes—with over five hundred illustrations. Pp. 638–639. Philadelphia: Lea & Blanchard. 1849.

We have often had occasion to express our great indebtedness to Messrs. Lea and Blanchard, the most distinguished of American Medical publishers, for the many valuable works which they have so repeatedly and liberally supplied us. On no one occasion do we feel more thankful to them than in receiving *Sharpey and Quain's Anatomy*. We believe we express the opinion of all who have examined these volumes, that there is no work superior to them on the subject which they so ably describe—the minute structure of the human body. With Morton's and this work, every student ought to know Anatomy. We cannot commend it too highly to the patronage of the profession.

2. Dr. FENNER's *Southern Medical Reports*.

The undersigned proposes to publish an Annual Volume, on the Meteorology, Medical Topography, and Diseases of the Southern States, to be entitled SOUTHERN MEDICAL REPORTS.

The object of this work, is to collect and present, in a *durable form*, the observations of Physicians residing in different parts of the Southern States, with the view to the cultivation of Medical Science, and the formation of the medical history of the times.

It will consist of GENERAL and SPECIAL REPORTS; the first to contain concise accounts of the *Meteorology, Medical Topography and prevailing diseases*, throughout the year; the second will be devoted to *Extraordinary Cases, Surgical Operations, &c.*

These reports are all to be handed to the Editor, by the first day of January, and will appear in a *neatly bound volume*, as soon thereafter as the work can be done. Each volume will also contain a brief retrospect of the latest discoveries and improvements contained in the Medical Journals of the year.

The Editor wishes to be distinctly understood, that this work is not designed to conflict with the Medical Journals of the South. On the contrary, he hopes his collaborators will contribute all they can to their encouragement and support. If the Editor can command the co-operation of his professional brethren, each volume of this work will contain Reports from prominent points in the following States viz: North and South Carolina, Georgia, Florida, Louisiana, Texas, Alabama, Mississippi, Arkansas, and Tennessee. Also from the Southern stations of the U. S. Army and Navy. Special Reports of interesting cases will be thankfully received from any part of the South. The cost of this work will be in proportion to the extent of patronage. It is contemplated that each volume will contain *five to six hundred pages*, and will be furnished to subscribers at \$3 50. One copy will be sent gratuitously to all contributors, and three or more copies to the authors of Annual Reports.

All Medical Societies, within the above limits, are respectfully invited to send in condensed reports of their transactions during each year.

\* Publishers are requested to forward copies of all new Medical Books; in return for which, bibliographical notices will be given.

Medical Colleges, throughout the Union, are requested to forward their annual circulars; from which will be extracted statistics, to show the progress of medical education. In short, the proposed work is designed to make up the medical history of the time, and to promote the cultivation of medical science in the Southern States. The Editor will do all in his power to render the work advantageous, as well to the collaborators, as to the profession at large.

E. D. FENNER, M D.,

NEW-ORLEANS, LA., June 1st, 1849.

No. 5, Carondalet-st.

☞ Due notice will be given when the work is completed, and it will be deposited at the principal commercial points in the Union.

## PART III.

## Monthly Periscope

*Paronychia*.—In the Bulletin de l'Académie de Médecine de Belgique, 1848, there is a suggestion of Dr. Henroz, concerning the means of diminishing the distressing, throbbing pain of this affection. He has succeeded, by trials upon himself, in annulling the pain of a whitlow, by skilfully compressing the brachial artery between two little splints. The author adds, that moderate pressure of the radial artery near the wrist will suffice, when the inflammation has attacked either the thumb, index, or middle finger; whilst compression of the ulnar will allay the pain in the ring and little fingers.—[*Lond. Lancet*.

*On the Absence of Vomiting in the Horse*.—By M. FLOURENS. Every one knows that the horse cannot vomit: but as to the cause of this peculiarity, there has been a difference of opinion. From his experiments and dissections, M. Flourens is led to the conclusion, that the obstacle to the reflux of the contents of the stomach,—which is such as to prevent the exit of a single drop of fluid by the cardiac orifice, when the stomach has been distended with water and subjected to violent pressure,—is to be found partly in the very oblique mode of entrance of the œsophagus, and partly in the peculiar arrangement of the muscular fibres. These are so disposed, that various bands, arising from the coats of the stomach, pass round a portion of the tube, and then return into the muscular wall of the viscus; from which it results that, the more the latter is distended, the greater will be the constriction exercised around the cardiac orifice.—[*Annales des Sciences Naturelles*, and *Medico-Chirurg. Review*.

*On Asthma occurring in a Child*.—By Dr. TOTT. A child æt. 1½ years, had been seized daily, at mid-day, for three months, with asthmatic paroxysms of difficulty of breathing, terminating in cough without expectoration. An intermittent fever prevailing in the vicinity, the author supposed that the disease might partake of its nature, and administered quinine with hyoscyamus, &c., as well as external derivatives; but without any avail. The *unct. lobel. in.fl* (15 drops every three hours) was then given in weak tea, and by the third day the paroxysms had become much diminished in intensity and duration, and in fourteen days no traces of the affection remained, the child continuing quite well when seen a year and a half afterwards.—[*Neue Zeitschrift für Geburtskunde*, Band, xxv, p. 197, and *Ibid*.

*On the Employment of Iodide of Potassium in Saturnine and Mercurial Affections*.—MM. Guillot and Melsens have recently presented a memoir to the Académie des Sciences, detailing an experimental investigation they have undertaken, respecting the powers of iodine in lead and mercurial saturation of the system. The object in view is to render soluble the metallic compounds which have entered the



economy. by associating them with a body of very easy elimination. All the insoluble compounds formed by the salts of mercury with the matters met with in the economy, are soluble in iodide of potassium, which substance is easily and rapidly got rid of by the economy. By analogy we may infer, that the compounds of lead retained in the economy are also very probably dissolved and eliminated in the same manner; and in the memoir, cases of saturnine affections so cured are given. Sulphuric acid, or the sulphates, cannot be regarded as curative agents in the chronic diseases due to the employment of lead, seeing that sulphate of lead is itself a poison, capable of killing animals in a few weeks. If, however, we give to the animal sulphate of zinc and iodide of potassium simultaneously, no injurious effect results. If, nevertheless, we suddenly give a large dose of the iodide to a dog already suffering from disease from lead poisoning, it is speedily killed; while, if we give it in small and gradually increased doses, the animal gets rapidly well.—[*Gazette Médicale*, and *Ibid.*]

*Administration of Rhubarb.*—M. Martin-Solon prescribes rhubarb according to an old mode of employing it, which consists in masticating small morsels for half an hour or more, swallowing first the saliva, and then the chewed portion. In this way a small dose acts efficiently in dyspepsia, hypochondriasm, or habitual constipation. It can easily be understood, that a medicine, thus incorporated with and dissolved in the saliva, preserves much more of its power than when given as powder or infusion. Dr. Giacomini states that it is thus administered in Italy with great advantage to delicate and nervous women and to convalescents from fever.—[*Rev. Méd.-Chir.* and *Ibid.*]

*On Inunction with Lard in Scarlatina.*—The following plan of treatment in scarlatina is advised by Manthner, an undeniable authority in diseases of children. He observes:—"I owe to M. Schneeman an excellent method of treating scarlatina, and one from which I have derived the best results; this is, the inunction of the entire surface with lard. These inunctions never do harm; they are cheap, and may be employed by all classes. I am confident that they cause desquamation to take place more readily, and that dropsical sequelæ are less likely to occur. Moreover, if used as a prophylactic, the disease is less likely to spread in a family. I would, without hesitation, treat my own children in this manner, were they attacked by a disease which I so much dread, but I should fear to employ cold affusions."—[*Rev. Méd. Chir.*, and *Brit. Am. Jour.*]

*Treatment of Neuralgiæ according to their Seat.*—The author, M. Sandras, passes successively in review neuralgia of the fifth pair, of the cervical plexus, ilio-scrotal neuralgia, crural and sciatic neuralgia. His treatment is expressed in the following *résumé*:

Neuralgia of the fifth pair yields more readily than any other to the internal administration of belladonna. He has also derived benefit from a plaster of the black cyanide of potassium. The pomade

of strychnine has only appeared useful when, after the attack has subsided, the skin has retained an exaggerated sensibility.

In temporal neuralgia, with the employment of belladonna internally, he conjoins compression of the temporal artery.

In suborbital neuralgia, the endermic use of morphine, and the cyanide of potassium, succeed better than in temporal or cervical neuralgia.

In submaxillary neuralgia, belladonna is the most useful remedy; compression of the carotid likewise affords relief.

The same treatment is beneficial in cervical and occipital neuralgia, but in this form compression of the artery is of little or no use.

The treatment is likewise the same in intercostal, crural, and sciatic neuralgia, but the author observes that these forms are often accompanied or produced by neuritis, and that it is therefore advisable to premise the treatment by topical abstraction of blood.—*Gazette Médicale*, and *Ibid*.

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*Morbid Growths and their Extirpation.*—Mr. Hunt, in the Provincial Medical and Surgical Journal, May 2d, sums up an interesting paper on this subject, with the following conclusion:

“The extirpation of morbid growths may be said to be *indicated* (their position being convenient for operation,)—1. Whenever the disease is clearly the result of local or mechanical irritation from some external source. 2. Whenever the tumor is neither painful, tender, nor progressive, the health being good. 3. Whenever it can be fairly demonstrated that the pain or irritation of the tumor, being the primary and sole cause of disturbed health, its removal will be the least of two evils. 4. A tumor in the mamma, originally depending on disordered health, may, *after the health is restored*, become painful from the pressure of the dress, and thus the absorbent glands may be excited and the uterine functions disturbed. Excision may be justifiable in such a case; but the proper time must be chosen, and great attention should be paid to the health subsequently.

“The extirpation of morbid growths may be said to be *contra-indicated*,—1. When failing health precedes or accompanies the appearance of local disease. 2. When the disease is advancing, the tumor sensibly growing, no local or mechanical cause of irritation being apparent. In this case it is right to assume the existence of latent constitutional disease, and to treat the case medically rather than surgically. 3. When there is a plurality of tumors. 4. When the disease reappears, whether soon or late after an operation for its removal.”

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*On the Hæmostatic Properties of Cotton*, by M. BOURDIN.—M. Bourdin states that he has long availed himself of the hæmostatic properties of this substance, and relates some of the cases in which it appears to have been very efficacious—as epistaxis, hemorrhage from varicose veins, opening the temporal artery by caustic, &c. It is of no avail in hemorrhage from arteries of large calibre. The wound must be very carefully sponged, and the cotton exactly applied, by

successive fragments, and moderate pressure maintained over it for several minutes. If the first attempts prove unsuccessful, the cotton should be entirely removed, and a new piece applied. When successful, it adheres to the part with great force, although sometimes a sero-sanguinolent fluid still, for a while, oozes out, on account of which the cotton need not be removed. The cotton becomes as hard, and as difficult to cut, as thick pasteboard, resists the action of water, and can only be removed at the expiration of several days, when loosened by suppuration.—[*Brit. and For. Med. Chir Rev.*, from *Revue Médicale*.]

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*The advantages of Chloride of Gold as a Caustic.* By M. CHAVANNES.—MM. Récamier and Légrand signalized the advantages of the chloride of gold as a caustic many years ago—and our author confirms their statements from observations made chiefly in the treatment of lupus and syphilitic tubercles and ulcers. M. Chavannes maintains that the chloride of gold destroys less than the other caustics, and, when the crust separates, cicatrization is found in a forward state of advancement. The cicatrix, which remains after the use of this chloride, is said to be less marked than when other caustics are employed. It is prepared thus: gold leaf one part, hydrochloric acid three parts, nitric acid one part.—[*Monthly Retrospect*, from *Gazette Méd. de Paris*.]

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*M. Filhol's Method of Testing Arsenical Deposits.*—M. Filhol has communicated to the *Journal de Chimie Médicale*, the following simple mode of transforming arsenical stain into arseniate of silver. He takes a porcelain saucer on which arsenical stain has been received, and inverts it over another porcelain saucer, in which is contained a small quantity of hypochloride (chloride) of soda, mixed with about its volume of sulphuric acid, diluted with thirty or forty times its weight of water. In about one or two minutes, the arsenical deposit will have disappeared; then into the saucer which contained it a strong solution of neutral nitrate of silver is to be poured: immediately a brick-red discoloration is obtained. This is a test of extreme delicacy. It is important to remove the upper saucer immediately on the disappearance of the stain, otherwise the red color of the arseniate may be concealed by the chloride of silver which is simultaneously formed.—*Journal de Chimie Médicale*.

If the arsenical deposit were received in a watch-glass, the time at which the stain disappears would be immediately perceptible.—*Lond. Med. Gaz.*

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*On Aconite.* By M. TEISSIER.—M. Teissier has undertaken a prolonged series of researches in order to establish, if possible, the therapeutical value of this substance, and especially *anodyne* and its *antiphlogistic* power. The existence of the former is incontestible, but it differs from opium in giving relief, not as that does to all descriptions of pain, but only to certain kinds of it. This specialty of



the action of aconite is one of its characteristics, its anodyne property being only in fact a secondary one. Its principal, and in some measure specific, action is exerted upon the *skin*, eliminating through its vessels injurious principles and restoring the natural functions when these have been disturbed. Thus aconite is a very appropriate remedy in diseases induced by chills, or when morbid principles are detained in the cutaneous tissues, as in the exanthemata; and M. Teissier, has especially derived benefit from its anodyne properties in diseases of a rheumatic or catarrhal origin. The antiphlogistic power of the substance is quite subordinated to the influence exerted by it upon the skin, and is especially observed in individuals of a nervous or lymphatic temperament, and those predisposed to rheumatic and cutaneous affections; and in such it is beneficial in lumbago, angina and bronchitis, influenza, rheumatism, especially when recent and not very acute, &c. M. Teissier prefers the *tincture*, to obtain the anodyne effect of which he rapidly increases the dose from 10 or 20 drops to 1 or 2 drachms per diem.—[*Revue Médicale*, and *British and For. Medico-Chirurg. Rev.*

*Proportion of Nutritive Materials in different articles of Food.*—Of all the alimentary substances, bread is one of the most nourishing, as it contains 80 per cent. of nutritive materials; peas and beans, however, contain from 92 to 93 per cent. of them. Butcher's meat contains on an average 35 per cent.; potatoes, 25 per cent.; carrots, 14 per cent.; greens and turnips, 8. Thus a pound of good bread is equal to  $2\frac{1}{2}$  or 3 pounds of the best potatoes; and 75 pounds of bread with 30 pounds of meat, are equal to 300 pounds of potatoes. But a fact worthy of notice is, that one pound of rice or beans is equal to three pounds of potatoes.—[*London Lancet*.

*Calomel in Acute Articular Rheumatism.*—Dr. Leclercq has published in *L'Union Médicale*, several cases of acute articular rheumatism successfully treated by small doses of calomel. Dr. Law, of Dublin, had, so early as 1838, pointed out the advantages of this practice, as Dr. Trousseau, of Paris, has likewise done, in his book on therapeutics; but these physicians used to combine quinine with the calomel, and Dr. Leclercq has obtained very good results by calomel alone. These were the different steps of the treatment:—1. Bleeding, if the subject be plethoric. 2. Calomel in divided doses—viz., one grain of calomel in about a drachm of white sugar, to be divided into twelve papers; one to be taken every hour. 3. An opiate at night. 4. Cooling drinks. 5. Poultices, sprinkled with laudanum, on the painful joints. This method has been found to counteract as well, if not better, cardiac complications. Lemon juice, on the other hand, seems to be a greater favorite in this country, and has yielded excellent results.—[*Ibid.*

*Quackery in the Nineteenth Century.* (To the Editor of the Boston Medical and Surgical Journal.) Dear Sir,—I have thought it might

be at least *amusing* to your subscribers to read the following somewhat curious document. It was given to me by a patient who had been for several years afflicted with epileptic fits, and who applied to a *mesmerizer* or *mesmerizeress*, to ascertain the *precise* cause of the trouble. It is amusing to see in what curiosities our goodly city abounds, and what wonderful talent exists in the *assumed* medical profession in these days. Here is a class of empirics who profess to *look right through* all the integuments of the human body, and take a "bird's-eye view" of the state of all the viscera and of every internal organ. They are so "eagle-eyed" that the smallest lesion in the minutest particle of the human organization cannot escape their search, and so pathologically correct is their diagnosis, and so thorough their knowledge of the *materia medica* and skill in prescribing, that they can direct to the "*very medicine which will prove an all powerful specific, in every case.*" "*O tempora! O mores!*" What will come next? Perhaps it may seem like taking too much notice of one of the silliest *humbugs* that has flown around, and buzzed among us, in these times of *progress*, and of the astounding credulity of the age in which we live. But, such as it is, Mr. Editor, here you have the genuine "Examination and Prescription," *verbatim et literatim*, with only this additional remark, which was affirmed by the patient, that the *priestess*, while declaring the *arcana* from the *oracle* (more wise than that of Delphos), fell into *two genuine epileptic fits*, for the purpose of showing the patient how one appeared in such a state: that is, was really thus affected.

"*Examination.*—Scrofulous Humour in Blood.

Get a Bottil Babery Snuff take it constantly

Put a blister Across from Ear to Ear

3 mornings before putting on the blister Shower the head With Cold Water

Nervous System has been Renshed By convulsives fits

Convulsion Come on between twelve & one O. C.

Rub the Limbs With flannels vinegar & Water

Get a ounce of Ether own of Camfir  $\frac{1}{2}$  oz paragoric take it Clear as soon as the Spasm com on

take  $\frac{2}{3}$  of Great Spoon ful before they come on

Rub the temples armes & Stomach With vinegar & Water

Spassms Brought on By Straining the nervs & cramping them

Nounce Cramp Convulsion fits

Blood in a Cold State

Get an oz of Piere put in a pint of New Rum take a  $\frac{1}{2}$  Glass Tuesday and friday Morning for Six Weeks

the Blood Gets in Cold State Strikes to the Stomach When She is a Sleep stagnates & Cuses the Spasms

Be verrey cautious not to Goo to Sleep on your Back Lay on your Side turn over often

take  $\frac{1}{2}$  pint Blood from Right arm before you Rub, this Will help the pain in the head

Soak the feet on thursda in Salt & Water Rub the Limbes with the Same

take table Spoon full of Oil twice a Week Opposite the Picra."

One more item, and we have done with the astounding medical advancements of the present day in good old Massachusetts. It may serve as a grand climacterical auxiliary to the preceding, or some other equally nonsensical humbug that feeds the gullible appetite of the present age on medical matters. The prefatory remarks are from the Bee of this city.

"The following directions for using a cure for the rheumatism were handed by the doctor who prepares it, to a printer in this city for publication in a hand-bill. We assure our readers, that it is not at all exaggerated; it is set up from the original, *verbatim*."

"A CURE FOR THE RHEOMATISM.

"A celebrated medercine for this complaint this medercine is Composed of metrials of his one Collection of South Canton mass.

N. B. Directions for using; take won teaspunful in the Morning mixed with a Little of molaces accept those that have a Strong Constition which Can bare a little more, take it for fore Days and you will find your pains Removing and in the Corse of ten or twelve Days you may think your self gitting Red of them. In case that the patient has swelled Joints and Paine ful thare is an Erb that aught to be used at the same time as a poltice, in order to releave the pane in the Corse of one or two Nights, and take down the swelling in a short time. I have other other medercine on hand for many other Complants Sutable for famerlys use to keep on hand in Case of Suding attacks which we are all liable to meat with and not to be without and keep for ears if tacon of, a Child can use the same in moderate Doses there is not a nother person knone in the States that can prepare these articles, which can be had by some agents in many places or towns &c and may bhad of Mr — — No — street, Boston.—Prepared and put up only by Dr —.

"All of you that have eused this medercine and sattisfide Plese to in form your nabours and frinds whare it may be had."

We shall not expect to hear anything more about *progress* in medicine, as the *acme* has now been reached; so we bid farewell to Hippocrates and Galen, and all the moderns will go to mesmerism and S. C. Yours, W. M. C.

MEDICAL MISCELLANY.—A lady died at Detroit, Michigan, August 10th, from the effects of inhaling ether, administered by a physician for the purpose of extracting a tooth.—A medical board of examiners, for the appointment of Assistant Surgeons of the U. S. Army, will convene at Philadelphia on the 15th Oct. —Bertholdt, the geologist, educated under Blumembach, died at Alsau, in July, aged 87 years.—Doctors' fees at the mines in California, are \$100 per visit. A physician from Westchester, N. Y., has established himself on the banks of the Sacramento, in a log-cabin, one half of which he uses as a store and the other as a hospital; and it is said that he receives as much gold daily as the average of twenty miners.—Cases of yellow fever have been recognized thus early in the season, at New Orleans.—Dr. John C. Pease, of Hartford,



Conn., has been appointed 6th Auditor of the Post Office Department, at Washington.—Dr. Burroughs, of Buffalo, while playing at ten-pins, at Avon Springs, broke his thigh. It was done by the muscular action of throwing the ball.—*Lobelia inflata* is still extensively employed by quacks, and from the injudicious use of it, a person, who had placed himself under the hands of an herb doctor in the North of England, has lately lost his life. At the inquest, it was proved by two medical witnesses that the deceased had died from the effects of the *lobelia inflata*, and a verdict of manslaughter was returned against the quack.—A mixture of collodion with cantharides has been contrived as a substitute for the ordinary blistering plaster. The cantharides are digested in the ether, and the latter afterwards mixed with the gun-cotton. The part to be blistered is painted over with the collodion by a pencil.—The New York City Inspector's report shows that during the past week there have been 643 deaths, including 164 by Cholera.—[*Boston Med. and Surg. Journ.*, Sept. 5.]

*Obituary Notices.*—We announce with deep regret, the deaths by Cholera, of Prof. JOHN P. HARRISON, of Cincinnati, and Dr. AMIRAH BRIGHAM, of Utica, New York, both Editors of Medical Journals.

METEOROLOGICAL OBSERVATIONS, for August, 1849, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 152 feet.

AUG.	Sun Rise.		2, P. M.		WIND.	REMARKS.
	THER.	BAR.	THER.	BAR.		
1	72	29 83-100	79	29 82-100	N. E.	Rain—cloudy. } 10-100.
2	72	" 83-100	86	" 88-100	N. E.	Cloudy—Rain. }
3	73	" 89-100	86	" 88-100	N. E.	Cloudy—rain. } 10-100.
4	72	" 87-100	78	" 80-100	S.	Rain. }
5	72	" 82-100	91	" 78-100	S.	Cloudy—some sun-shine.
6	74	" 76-100	90	" 78-100	N. W.	Fair.
7	72	" 82-100	91	" 83-100	N.	Fair.
8	71	" 84-100	81	" 80-100	W.	Cloudy—rain, 22½-100.
9	73	" 84-100	83	" 70-100	W.	Rain, 7½-100.
10	70	" 66-100	89	" 65-100	W.	Fair.
11	71	" 75-100	90	" 66-100	N. W.	Fair.
12	72	" 84-100	89	" 87-100	W.	Cloudy.
13	72	" 86-100	91	" 79-100	W.	Cloudy—rain.
14	73	" 71-100	90	" 65-100	S. W.	Cloudy.
15	73	" 65-100	87	" 65-100	N. E.	Cloudy.
16	70	" 73-100	90	" 76-100	S. E.	Fair.
17	74	" 82-100	92	" 82-100	S.	Somewhat cloudy.
18	72	" 81-100	96	" 74-100	S. W.	Fair—breeze.
19	76	" 74-100	92	" 75-100	N. W.	Fair—breeze.
20	70	" 79-100	90	" 81-100	E.	Fair.
21	71	" 86-100	90	" 88-100	E.	Fair.
22	73	" 90-100	92	" 90-100	S.	Fair.
23	74	" 87-100	91	" 76-100	S.	Cloudy. [90-100.
24	75	" 75-100	91	" 74-100	W.	Cloudy—sprin.—rain at 7, P.M.,
25	72	" 69-100	88	" 80-100	E.	Fair—breeze—splendid day.
26	72	" 84-100	86	" 85-100	E.	Cloudy afternoon—breeze.
27	72	" 85-100	89	" 84-100	E.	Somewhat cloudy.
28	72	" 86-100	90	" 80-100	E.	Somewhat cloudy.
29	72	" 82-100	92	" 82-100	E.	Cloudy afternoon.
30	74	" 82-100	92	" 82-100	W.	Cloudy. [75-100.
31	75	" 78-100	90	" 71-100	W.	Somewhat cl'dy—rain at 3, A.M.

11 Fair days. Quantity of Rain 2 inches and 15-100. Wind East of N. and S. 12 days. West of do. do. 13 days.

# SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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Vol. 5.]

NEW SERIES.—NOVEMBER, 1849.

[No. 11.]

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## PART FIRST.

### Original Communications.

#### ARTICLE XXXIV.

*Therapeutic Effects of Tobacco, applied externally, for the Expulsion of Worms.* By JOHN D. TWIGGS, M. D., of Edgefield District, South Carolina.

Three series of experiments have been made, in order to test the vermifuge properties of tobacco placed over the abdomen. They have not proved so satisfactory as could have been desired.

On perusing an Essay read before the Medical Society of Augusta, in 1839, I find this conclusion, viz: There are no pathognomonic signs that will determine the existence of worms in the alimentary canal. If this be the case, as the frequent administration of anthelmintics to children, where worms do not exist, and even where they do their continued use, would in all probability prove pernicious to the child: it would certainly be a great desideratum to practitioner and patient if some substance could be applied externally which would effect the expulsion of these noxious parasites: both would be benefitted by its use; for the first could avoid giving a medicine the ill effects of which might make a lasting impression on the system of his patient; and the latter would escape swallowing oft-repeated doses of most nauseating drugs. If the external application of tobacco be a substitute, the effects being equal, the remedy would at least be more agreeable.

I have made the following experiments:

FIRST SERIES.—*Five negro children, from 5 to 8 years old.*

Case 1st. Strong pressed bar tobacco, steeped in water and applied to the abdomen in the form of a poultice. General health of the child good, pulse 80. Applied the tobacco at 9½ o'clock (by means of a cloth about 12 inches broad) over the abdominal region: 10½ o'clock, the pulse is 100; the eyes are a little watery: 11 o'clock, pulse 106: 12 o'clock, pulse 108; eyes still suffused with tears. 1 o'clock, p. m., pulse has increased to 112 beats: 2 o'clock, p. m., found patient asleep, pulse still 112: 3 o'clock, pulse still the same: 4 o'clock, removed the tobacco. It has been 6½ hours since it was applied, during which time I have noticed a slight change in the eyes which became lachrymal. An inclination to sleep was observed and also a great acceleration in the pulse, which is now 116, an increase of 2 beats within the last hour. At 8 o'clock, p. m., gave 5 grs. of calomel; it operated and worms were expelled dead at 9, a. m.

Case 2nd. Applied the tobacco at 9½ o'clock; pulse 85. General health of this child good; has passed worms recently, after the administration of (Similax China) China root. At ½ past 10 o'clock, a. m., pulse of child 88; says he feels well. 11 o'clock, pulse of patient has increased from 88 to 100; eyes injected: 12 o'clock, pulse 100; patient seems very cheerful. At 1 o'clock, pulse is 104 beats, being an increase of 4 strokes within the hour: 2 o'clock, p. m., patient asleep, pulse 108 beats: 3 o'clock, patient seems well; pulse still on the increase, 110: 4 o'clock, removed the tobacco; patient's pulse 112: noticed the same change as in the preceding case, viz., eyes watery, an acceleration of the pulse and a disposition to sleep. At 8 o'clock, p. m., gave patient 5 grs. of calomel. At 7, a. m., passed several worms dead.

Case 3rd. A child about 6 years old, whose health has been usually good, and has passed worms within a few days. At ½ past 9 o'clock, a. m., placed the tobacco thoroughly wetted over the abdomen: pulse 85. At 10½ o'clock, patient's pulse 90; says the bandage feels very comfortable: 11 o'clock, pulse 96, an increase of 6 strokes within the hour: 12 o'clock, examined patient, found a decrease of 4 beats, pulse now only 92. 1 o'clock, p. m., pulse of child 100, again on the increase.



At 2 o'clock, I found my patient's pulse had increased 8 beats during the last hour, being now 108, full and regular: 3 o'clock, my patient just roused from sleep, pulse 108. At 4 o'clock, p.m., I took off the tobacco; patient says he is well. In this case I have not observed that change in the eyes, as in the two preceding cases, but there seems to be here also an inclination to sleep. At 8 o'clock, p.m., gave a dose of castor oil to patient, it operated well and 3 or 4 worms were evacuated dead.

Case 4th. A child about 7 years old, general health good, has passed worms, but not recently. At 9½ o'clock, a.m., applied the tobacco, steeped in water, over the abdomen; pulse of patient 85. At ½ past 10 o'clock, the pulse is only 80, a decrease of 5 strokes. At 11 o'clock, pulse of patient 94, and feeble. At 12 o'clock, pulse 91, child seems well and cheerful: 1 o'clock, p.m., patient's pulse 94, a gain of 3 beats. At 2 o'clock, p.m., examined patient, whose pulse remains the same, 94, full and regular; inclines to sleep: 3 o'clock, pulse 98; patient's eyes rather injected. At 4 o'clock, p.m., I removed the tobacco; pulse numbers 106 strokes. There has not been that rapid increase in the pulse of this child as was manifested in the others—it has been fluctuating throughout, sometimes rising, then again falling. At 8 o'clock, p.m., administered a dose of castor oil to patient, who passed several worms, some dead, others alive.

Case 5th. A child aged 8 years, who, when an infant, was unhealthy, but appears well now, has passed worms, though not recently. At ½ past 9 o'clock, a.m., placed the tobacco over the abdomen; pulse 100. At ½ past 10 o'clock, pulse 112, eyes watery, countenance dull, has little to say: 11 o'clock, patient's pulse 120; appears dull, says he does not feel well; eyes injected, pupils dilated: 12 o'clock, pulse 116, eyes much injected: 1 o'clock, pulse 118; seems very sleepy; has been out and had a motion from the bowels—passed no worms—had the tobacco remoistened: 2 o'clock, my patient has been asleep; pulse 118, feeble; he complains of no uneasiness about the abdomen; desires to eat: 3 o'clock, p.m., pulse of patient has increased 10 beats within the last hour, it now numbers 128 strokes: 4 o'clock, p.m., removed the tobacco from child. I have remarked greater changes in this case than with any of the others—eyes very red and watery, skin hot and dry, a disposition to

sleep, and a great increase of pulse, which has now 132 beats to the minute. At 8 o'clock, p. m., gave patient a dose of castor oil which operated freely; several worms were passed, at first dead, at the last operation they were alive.

The increase in the pulses of the 5 cases, from 9½ o'clock, a. m., to 4 o'clock, p. m., is as follows:—At 9½ a. m., 85, 85, 90, 100, 100. At 4, p. m., 106, 108, 112, 116, 132.

#### SECOND SERIES.

Case 1st. Richard, a lively boy, of 5 years, never has been sick in his life, parents both healthy; has passed no worms this year, though he has taken China root frequently. At 9 o'clock, a. m., applied the tobacco, steeped in warm water, over the abdomen; pulse 80 strokes per minute: 10 o'clock, a. m., saw patient; pulse 90, full and strong: 11 o'clock, pulse of child 98, an increase of 8 beats: 12 o'clock, examined patient; pulse 110, skin warm and moist, eyes watery: 1 o'clock, p. m., patient's pulse 120, quick and feeble; skin warm and moist: 2 o'clock, p. m., visited patient; pulse 112, a decrease of 8 beats within the hour; skin very dry: At 3½ o'clock, p. m., pulse of patient 114; says he feels well; skin dry, eyes watery: 4½ o'clock, examined patient: pulse 116, a gain of 2 beats; skin hot and dry, eyes much injected: 6, p. m., visited patient; pulse 130; removed the tobacco, which has been on 9 hours, during which time he has not had an operation. On the following day, at 9 o'clock, a. m., patient took a dose of castor oil, passed no worms—the tobacco has not had the desired effect.

Case 2nd. Isum, a boy aged 5 years, general health good, has passed worms, though not recently. At 5 minutes after 9 o'clock, a. m., applied strong pressed bar tobacco over the abdomen; pulse 80: 10 o'clock, a. m., child's pulse 96; sitting before the fire, says he is well: 11 o'clock, saw my patient whose pulse numbered 101, an acceleration of 5 strokes: 12 o'clock, found patient's pulse 104, a slight increase; skin moist; the tobacco again saturated: 1 o'clock, patient sitting very quiet; says he feels very well, but has a dull countenance, eyes watery, pulse 106: 2 o'clock, pulse of patient 114, an acceleration of 8 beats since last examined. At ½ past 3 o'clock, p. m., child's pulse 120, a gain of 6 strokes in one hour and a half. At 4

and 4½ o'clock, found my patient's pulse 110, a decrease of 10 beats; skin hot and dry, countenance dull: 6 o'clock, p. m., examined patient, whose pulse numbered 114 beats; skin hot and dry; has had two operations, passed no worms; removed the tobacco. Between 9 and 10 o'clock, a. m., gave patient a dose of oil; he passed one worm.

Case 3rd. Mary Ann, a girl 6 years old, whose general health has been good; worms have been expelled, though not lately. At 9 o'clock, a. m., placed the tobacco, well soaked with water, over the abdomen; pulse 85; child very much frightened: 10 o'clock, a. m., visited patient; pulse 100, quite an increase within the hour: 11 o'clock, patient's pulse 102, on the increase: 12 o'clock, examined patient; pulse 102, skin warm and moist; saturated the tobacco again: 1 o'clock, p. m., pulse of patient 108, skin warm, perspires at times. At 2 o'clock, p. m., found patient's pulse 120, feeble and full at intervals; skin moist. At ½ past 4 o'clock, examined girl; pulse 116, a decrease of 4 beats; skin now dry, eyes red and injected: 6 o'clock, visited patient; pulse 120; skin hot and dry; eyes suffused with tears: removed the tobacco. At 9½ o'clock, a. m., administered a dose of oil to patient—no worms were expelled.

Case 4th. Robert, a mulatto, aged 2½ years, general health good, passed several worms a week or two since, having taken pink-root. At 15 minutes after 9 o'clock, a. m., applied the tobacco on patient, who was very much alarmed and struggled violently—I could not examine his pulse: 10 o'clock, a. m., saw my unruly patient, pulse 100, doing well. At 11 o'clock, the pulse of this child (whom it is impossible to keep quiet) is 106: 12 o'clock, patient's pulse 112, skin cool; still very playful; moistened the tobacco the last hour: 1 o'clock, p. m., examined the patient; pulse 120, an increase of 8 beats since last seen. At 2 o'clock, p. m., the pulse of patient the same as last hour, 120. At ½ past 3 o'clock, I found an increase in the pulse of this patient of 10 beats; it now ranges to 130, skin hot and moist. At 4 and ½ past, again examined patient; pulse 124, there being a falling off by 6 strokes since last examined. At 6 o'clock, p. m., saw my patient and took off the tobacco, much to his satisfaction; pulse 120, skin dry. Next day, at 9, a. m., patient took a dose of oil, operated, but passed no worms.



## THIRD SERIES.

Commenced this morning at 9 $\frac{1}{4}$  o'clock, and applied the tobacco to seven children—2 boys and 5 girls—nearly all younger than the five preceding cases. I keep them out of the sun, in any position they desire: sitting they prefer, and I find them generally in this position. At 10 $\frac{1}{2}$  o'clock, found an increase in the pulses of some, as also a diminution in that of others. At 11 o'clock, an increase in all, probably owing to their just having taken food. At  $\frac{1}{4}$  to 12 o'clock, a. m., I found my patients doing well—a decided acceleration in the pulses of all, which now range from 98 to 120; the eyes of two were filled with tears: 12 o'clock and a  $\frac{1}{4}$  after, examined four of the children: the pulses of three had a slight increase, those of the others remained the same as half an hour previous. At 1 o'clock, saw three of my patients: a very slight increase of the pulse of each since last examination, which was at  $\frac{1}{4}$  before 12: 2 o'clock, discovered two of the children asleep and the others nearly so: there has been an increase and also a great decrease in their pulses during the last hour, the range is from 110 to 130 strokes per minute. At  $\frac{1}{2}$  past 3 o'clock, examined the children again, found an increase in their pulses, they range from 114 to 136—I left them taking their dinners—I should mention that one had an evacuation since 2 o'clock, but passed no worms. At  $\frac{1}{4}$  to 5, p. m., visited my patients; I found them doing well; four others had a passage since 3 o'clock, expelled no worms; some of their pulses have increased and others diminished since the last examination, the lowest number of beats being 108, the highest 132: 20 minutes after 7 o'clock, removed the tobacco from the children; found several asleep, the pulses of all had decreased, except two, one of which had a great increase—this one was asleep when I first saw her, and the increase of pulse may be owing to her being wakened suddenly—one of the patients, whilst the tobacco was being removed, had a sudden and copious evacuation and had passed a worm alive a few minutes previous—none in the last passage. All seemed well when I left them. At half-past 6 o'clock, a. m., visited my patients, and discovered that the tobacco had had a strong cathartic effect on all—some going out as often as two or three times—it still continued this morning when I saw them: it seems that the

desire to defecate came upon them so quickly, they relieved themselves on the bed or floor, some getting as far as the steps—there were nine in all, on whom the tobacco was applied—two I did not note down, but I find this morning that upon them the effect is the same. At quarter-past 10, a. m., administered a dose of oil to each of my patients. At 1 o'clock, p. m., medicine had operated on all—no more worms. At 7 o'clock, p. m., visited the children; found that one had passed some time before a large number of lumbricoides.

Minute records were kept of each individual case, but as they are very similar to each other and to those already detailed, they are omitted, as a narration of them might prove more tiresome than interesting.

I have thus applied the tobacco in 16 cases; from 7 of these worms were expelled, and none from 9. When we reflect upon the uncertainty of the presence of worms in any case, there being no reliable symptom, and the uncertain effects of all vermifuges, and the fact that in these experiments the children were generally in good health, evincing no sign of worms, the results are as satisfactory as could have been expected, especially as the worms were in most instances expelled dead. It is not likely that if the same children, under the same circumstances, had been subjected to the internal administration of the most powerful vermifuge, that the expulsion of more worms would have been caused.

As tobacco, when thus employed, affects very decidedly the circulatory and nervous systems, its effects should be carefully observed during its application, that it may be removed in time to prevent these effects being carried too far.

We would not claim for these experiments that they are sufficient to establish the character of tobacco thus used, as an efficient vermifuge; but if they only serve to excite others to make more numerous and varied experiments, we will be satisfied with the belief that our task will not have been in vain.

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ARTICLE XXXV.

*Statistics of Diseases of Hancock County.* By E. M. PENDLETON, M. D., of Sparta, Georgia.—(Continued.)

With regard to the susceptibility of the Caucasian and African races to the different classes of disease, it is difficult to form

a just ratio, owing to the fact that the services of physicians are required oftener for the former than the latter. On large plantations masters and overseers become, from necessity, pretty good routinists in mild cases of fevers; and it is only in bad cases that physicians are called in. The consequence is, in a population where the blacks largely predominate, (6,407 to 3,642 in the county,) we have but 564 cases of blacks to 1061 of whites. We believe, however, that there are more cases and a greater diversity of disease among the whites than the blacks.

The ratio of deaths, according to the number of cases for each class, is 2.57 for the whites against 3.54 for the blacks. I think some allowance must be made from the fact, that cases among blacks are more frequently delayed until it is too late to effect much: but, at the same time, most medical men of close observation will admit, that the Caucasian seems to yield more readily to remedies (*ceterus paribus*) than the African. It is much more difficult to form a just diagnosis or prognosis with the latter than the former, consequently the treatment is often more dubious. While then, as our tables indicate, there is less actual disease among blacks than whites, it is of a more unmanageable character and the mortality is greater.

The following table will indicate the susceptibility of the different races, ages and sexes, to different forms of disease:

TABLE 5.

	White.	Per cent.	Black.	Per cent.	Male.	Per cent.	Female.	Per cent.	Under 5 years.	Per cent.	Between 5 and 10.	Per cent.	Over 20.	Per cent.
Digestive,	303	28.7	120	21.2	158	25.2	219	23.7	105	55.9	90	31.8	126	19.2
Respiratory,	156	13.8	163	28.0	86	13.7	125	12.4	42	22.3	43	15.2	136	20.8
Brain & Nerv.,	57	5.4	25	4.4	40	6.4	38	4.1	13	7.4	5	1.7	64	9.7
Rheumatism,	21	2.0	17	3.0	11	1.9	26	2.8	0	.0	8	2.8	30	4.6
Idiopathic fev.	153	14.5	69	10.4	129	20.6	89	9.6	8	4.2	75	26.6	144	22.0
Urinary,	21	2.0	20	3.5	21	3.3	19	2.0	4	2.1	3	1.0	34	5.2
Visual,	11	1.0	5	0.8	13	2.0	7	0.7	2	1.0	5	1.7	14	2.1
Teeth,	62	5.9	46	8.1	37	5.9	67	7.2	0	.0	34	12.0	71	10.8
Exanthemata,	46	4.3	20	3.5	24	3.8	37	4.0	14	7.4	19	6.7	35	5.3
Pec. to women,	111	10.5	87	15.2										
	941		572		519		627		188		282		654	



It will be perceived from this table that the whites are more subject to diseases of the *primæ viæ* than the blacks: a fact easily accounted for from their different modes of living, both as to exercise and diet. But upon what etiological principles are the latter race so much more subjected to pulmonary affections? Will their greater exposure, winter and summer, account for so great a disparity, or is there not with them so great an affinity for the torrid zone, that their constitutions are not fitted for the cold even of our temperate climate? As to diseases of the brain and nervous system, we can more readily account for the greater susceptibility of our race, in the fact that they are brought into much greater activity from intellectual pursuits, and have doubtless, by nature, a more delicate nervous fibre.

But here another interesting question rises in reference to the disparity between the two races in diseases peculiar to women. Reasoning *a priori*, one would have supposed that the delicate white female would have had a much oftener demand for the physician than the coarse muscular negress. But such is not the fact. The table stands 15.2 per cent. for blacks, to 10.5 for whites. This disparity will be made much more manifest if we abstract the cases of parturition, which is nothing but fair, as physicians are seldom called to attend slaves except in preternatural labor. Thus, out of 56 cases, we have 38 whites to 18 blacks, reducing the per cent. to 6.9 and 12.4.

In philosophising upon this immense difference, we are led to the conclusion, from facts within our knowledge, that it originates in an unnatural tendency in the African female to destroy her offspring. All country practitioners are aware of the frequent complaints of planters upon this subject. Whole families of women fail to have any children, and in many instances these barren females become subject to chronic uterine affections. Out of 31 cases of abortion and miscarriage, in our table, we have only 9 for 1051 whites, and 22 for 554 blacks, being 0.8 for whites, and 3.9 for blacks—more than four to one. This table either teaches that slave labor is inimical to the procreation of the species from exposure, violent exercise, &c., or, as the planters believe, the blacks are possessed of a secret by which they destroy the fœtus at an early stage of gestation.

That there are several domestic remedies calculated to produce this effect is evident, but whether they are acquainted with them is a question, and whether the natural instinct of the mother to love and protect her offspring should be overruled so frequently by the moral obtundity of this class of people, is another question for the philosopher and the philanthropist. Certain it is, that the statistics of this country show a marked increase of the white over the black, (about as 25 to 20 per ct.,) which has been heretofore accounted for mainly from the influx of foreigners; but our table indicates a cause worth investigating further, involving, as it does at once, the interests of the planter and the well-being of the African race.

We further find, from the above table, that the blacks are more subject to rheumatism, urinary affections, and diseases of the teeth. I suppose that their greater exposure, both in their daily avocations and their dwellings, may account for their over tendency to rheumatism. While the very causes which have been supposed to produce among them a greater amount of diseases of the genital functions, would sympathetically act upon the urinary organs and produce more diseases of this class. But how may we account for their being more subject to diseases of the teeth. I have always believed this to be the fact, for you will find but few negroes who are not subject to tooth-ache. I suppose it must be owing to their sharing with the whites in some of the evils of civilization, such as hot bread, acids, medicines, &c., without possessing equal advantages with the latter in the benefits which dental surgery now offers in the cure and prevention of diseased teeth.

But here we have an interesting class, viz., idiopathic fevers, in which the whites largely predominate, as 14.5 to 10.4. That the African is less susceptible to malarious influences than the white I have believed from general observation heretofore. Although more exposed to the cold dews and hot sun of autumn, as well as having more filth about their habitations, they seem to be less liable to periodic fevers, and more readily recover than the white. Is this not owing to the fact, that as heat is an acknowledged principle in the formation of marsh miasm, (or that hypothetical agency, whatever it is, that induces autumnal fevers,) the anglo-saxon race inhabiting this country,

being from a colder region, is less able to stand diseases from a southern clime than Africans from the torrid zone? We know, as in Charleston and New Orleans, natives are exempt from endemics, where one night's sleep of a stranger will often superinduce a fatal form of fever. This I have frequently observed myself in the former city, while under the tutelage of my esteemed and honored preceptor, Professor Dickson. Are not the constitutional tendencies and susceptibilities of a race, which are impressed upon them by climate, so permanently fixed as to remain for centuries after the influences of another climate have been brought to bear upon them? This is a fact, I think, clearly established. Hence, the fresh imported African can sustain the deathly climate of our rice fields far better than the white, and (but in a decreasing ratio) with less mortality than the native negro from the up-country.

The whites are more subject to diseases of the eye and exanthematous affections, by a small per cent. The number of cases being few, however, and the differences not well marked, it will be necessary to make further investigations, before any definite facts are reached.

With regard to the sexes, we find that the males are more subject to diseases of the digestive, respiratory, urinary and visual organs, as also the brain and nervous system—while the female, apart from diseases peculiar to them, are more liable to the exanthemata, rheumatism, and diseases of the teeth. The females predominate over the male by a considerable per cent. in the general liability to disease. Thus, out of 1549 cases, we have 924 females, against 625 males. Abstract from these 204 for diseases peculiar to women, and they still have a considerable ascendancy. But the diseases of females are less fatal in their character than those of males. Thus, out of the 924, we have 26 deaths, or 2.8 per cent. of females—while out of the 625, there are 20 deaths, or 3.2 per cent. of males. I believe that registers of births show that there are more females than males born into the world; if so, their over mortality may be accounted for on another principle than a greater longevity, though I am somewhat inclined to think that females will not average such length of life as males in this land of freedom and peace. I should like further statistical information on this subject. [*Error.*—More males are born.]—EDT.



Perhaps the most remarkable fact connected with this table, as relates to the sexes, is the great preponderance of the males in idiopathic fevers. This being as 20.6 per cent. against 9.6; more than two to one. Can it be that the out-door employment of the male gives him a greater tendency to these affections—or is there something with which nature has provided woman, to ward off the poison of certain diseases to compensate in part for the deaths through which she has to pass in affections peculiar to herself. I have noticed that *enciente* women are rarely subject to fevers of any kind. Perhaps the general phlogistic state of the system, at such times, may protect them from the inception of poison to a certain extent, and thus tend to establish the fact contained in the table.

A few deductions in relation to the particular ages at which certain diseases seem most prevalent, will close this number. Out of 1079 cases classified, 188 were under 5 years of age; 282 between 5 and 20, and 654 over 20. I have taken the per cent. of these cases according to the number of each class, which shows that children under 5 years of age are more subject to the diseases of the digestive organs, and that adults are less so than those under 20, by a considerable per cent. I think then it may be safely announced as a principle in medicine, that the proneness to injuries of the digestive functions becomes weaker and weaker as we advance in age. The respiratory functions are most subject to disease under 5 years than over 20, and lastly between 5 and 20. The very young are subject to croup, hooping-cough, catarrhal fevers—the old to pneumonia and bronchitis; while the other class are comparatively exempt from all these affections.

In diseases of the brain and nervous system, adults predominate, and next children under 5 years of age; but few between 5 and 20 ever suffer with these affections. The table further indicates rheumatism to be a disease of mature years, as none have it under 5, and more after 20 than previous to that time. In idiopathic fevers youth seems to suffer most, next the adult, and children under 5 are nearly exempt. This is doubtless owing to the critical stage of teething through which they have to pass which prevents them from being subject to malarious influences to a considerable extent. But why the adult should be less liable

than young persons is not so easily determined, unless young people in miasmatic districts have to undergo a kind of acclimation, as foreigners, and afterwards become less subject. I have observed, that parents seldom have fever where they have lived a long time in unhealthy sections, while their children are frequently every one prostrated at once. Enquire of them, however, and you will find in former years they were equally as subject to it as their children seem to be in later days.

In urinary affections the old largely predominate, and next the very young, while those between 5 and 20 are nearly exempt. The visual organs seems to suffer more as we get older, thus: under 5, 1.0 per cent.; between 5 and 20, 1.7; over 20, 2.1. This is in accordance with nature and philosophy. The young, between 5 and 20, suffer most from the teeth. This is hardly to have been expected, particularly as the surgeon is rarely called to operate for the first set of teeth. I think one reason for this is, that the rising generation have decidedly more causes operating to injure their teeth than the one which is now passing away. Lastly, in the exanthemata it seems the older we grow the less subject we become to this class of diseases: thus 4.7, 6.7, 8.3 per cent. This also accords with nature and philosophy—as scarlatina, rubeola and varicella, are rarely taken but once, and in most instances under 5 or 20 years of age.

One remark, and I have done. No age in human life is exempt from disease. While the very young are free from almost every other class, the vital functions of respiration and digestion suffer to such an extent as to produce more mortality than at any other period of human existence. The youth in the growing stage of life seems to be subject to no special constitutional tendency to any one form of disease, like the very young and old; his functions are all in active, vigorous play. But at this very age the constitution is more liable to all those contagious and infectious diseases which, in the beautiful language of scripture, “walk in darkness and waste at noon-day.” As we grow older, many of the functions, as the digestive, become stronger and stronger, and better able to resist disease; but then others are more vulnerable: the wasting consumption, the deadly cancer, or the terrible cardiac asthma, steals upon us, and we feel, in the language of the poet,

"That our hearts,  
Like muffled drums, are beating  
Funeral marches to the grave."

The lesson it teaches us of our mortality, is too obvious for the wise not to heed its healthful instructions and solemn warnings, and the good physician should always carry about him a medicine "to minister to the mind diseased." It is not found in our apothecaries shops, nor is it indigenous to this clime, but still it may be obtained "without money and without price." It is the Elixir of Immortality.

ARTICLE XXXVI.

*A Case of Strangulated Intestine from adhesion of the Appendix Vermiformis to the peritoneal covering of the Fundus Uteri.* By L. B. SHEFFEY, M. D., of Huntsville, Ala.

This was a case of a negro woman of this place, to whom Dr. Erskine and myself were called on the 3d of August. We found her laboring under symptoms of colic, with which she had been attacked the day previous; we failed, by the use of anodynes, the most active cathartics and stimulating injections, in giving her any relief from pain, or in producing an action upon her bowels. The pain was confined to the umbilical region. In the progress of the attack there was considerable tympanitic distensions, inverted peristaltic action, stercoraceous vomiting towards the termination. The persisting constipation, twisting pain in the abdomen, tympanitic swelling and stercoraceous vomiting, caused us to pronounce it a case either of intussusceptio, or twisting of the intestine. She died on the evening of the 5th.

Upon opening the abdomen, we found that an adhesion had, at some time previous to the attack, been formed between the floating extremity of the appendix vermiformis and the fundus of the womb, thus making a loop, through which a portion, about a yard in length, of the small intestine had found its way, and become incarcerated. The presumption is, that this adhesion was of considerable standing, as the womb was found much thickened and of cartilaginous hardness, indicating chronic dis-



ease of some standing, though no period could be referred to by her owners when she had had an attack sufficient to bring about this state of things.

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## PART II.

### Reviews and Extracts.

#### ARTICLE XXXVII.

*Parturition, and the Principles and Practice of Obstetrics.*

By W. TYLER SMITH, London.

The republication of this work by Messrs. Lea & Blanchard, Philadelphia, was stated in a former number of this Journal, but having given it a careful and attentive perusal since then, we think its claims to merit, as well as its defects, demand a more particular notice.

We are happy to find this is not another system of obstetrics, but a philosophical and scientific treatise. The author has labored most earnestly and arduously, to advance the science of obstetrics and elevate this department of medicine. Had he not succeeded, he would still have deserved well of the profession, for his indefatigable industry and well-directed efforts to serve the cause of science and humanity. But his labor has not been lost. By the application of Marshall Hall's grand discoveries in the nervous system, especially his doctrine of the reflex function of the nerves to the physiology of the uterus, he has thrown much light, not only on the functions of this important system of organs, but on their pathology and the therapeutics of obstetric practice.

By applying the principle of reflex action, he has explained and illustrated the processes of menstruation, conception, gestation, and parturition, much more satisfactorily than any one hitherto had done.

It is not our design to make a regular analysis of this work, or a close examination of all the opinions and doctrines advanced or maintained by the learned author. The following extracts will develop his leading views and afford a good idea of the doctrines taught :

“Uterine motor action, and the action of the accessory muscles concerned in parturition, with the knowledge of the nature and laws of the forces upon which these actions depend, are the Dynamics of parturition. The phenomena of labour, and the great majority of the accidents and complications of childbirth and the puerperal period, are essentially nervi-motor; hence a definite knowledge of motor action in general, and particularly of the uterus and its associated organs, are of the first importance to the scientific accoucheur.” (p. 46.)

“The forms of motor action which it will be necessary for us to consider are—the Voluntary, the Emotional, the Excito-motor or Reflex, and lastly, the Peristaltic or Immediate.” (p. 47.)

“The Reflex actions of the uterus are very numerous, and it is upon these, and the numerous extra-uterine reflex actions excited during the process, that the natural performance of parturition essentially depends. Contraction of the uterus, from irritation of the mammæ, as in the act of suckling the child; contraction of this organ from the cold water douche, applied to the vulva or the abdominal surface; contraction excited by irritating the rectum, as by stimulating enemata; or of the stomach, by drinking a gulp of cold water; of the ovaria, by the presence of the menstrual nixus; of the vagina, by manual irritation, as in ‘taking a pain;’ of the os uteri by irritation, as in the introduction of the hand into the uterus—are all to be considered as so many instances of reflex spinal action. Thus, in parturition, the uterus may be excited, in a reflex form, by irritation of the mammary incident excitator nerves; the pubic and abdominal branches of the intercostals; the rectal; the gastric division of the pneumogastric; the ovarian nerves; and also by the nerves of the vagina, and the os and cervix uteri.

“Many of the different forms of abortion—particularly when the causes are extra-uterine—strikingly illustrate the reflex action of the uterus. A series of cases of abortion would be one of the best expositions of reflex uterine action. Abortion may be caused by irritation of the mammæ, from the sucking of an infant, after milk has ceased to be secreted, as in cases in which the mother becomes pregnant during lactation; abortion may be excited, as a morbid reflex act, from irritation of the bladder, by a calculus; by irritation of the trifacial nerve, as in cutting the dens sapientiæ; by the mechanical irritation of coitus; by plugging the vagina; by disease of the os and cervix uteri—malignant or simple induration, inflammation and ulceration; by the irritation of the placenta attached within the uterine mouth; by ovarian irritation in ovarian disease; by irritation of the rectum, as from ascarides, and the use of irri-

tating purgatives or enemata; by puncturing the membranes, and evacuating the liquor amnii, so as to bring the head of the fœtus to act as an excitant to the os uteri; by irritation of the inner surface of the uterus itself, in cases of blighted fœtus, where the ovum acts as a foreign body; by riding on horseback, or any other violent exercise calculated, by succussion, to bring the head of the fœtus into violent contact with the os uteri; and by other sources of irritation to incident spinal nerves which might be enumerated. All these are so many instances of uterine reflex action, the distant parts of the economy being brought into connection with the uterus through the medium of the spinal marrow, and its special incident excitor and reflex motor nerves. These facts are of most extensive practical application in devising means for the prevention of abortion.

“In cases of abortion in which the irritation is applied to the os or cervix uteri, or the internal surface of the organ, the immediate action depending on the irritability of the uterus itself is called forth, in connection with true reflex action; but in the instances in which a distal organ is irritated, there can be no doubt whatever of the purely reflex nature of the uterine action which ensues.” (pp. 49, 50.)

“In natural labour, after the process has fairly commenced, it is the ovum which furnishes the chief stimulus to the incident excitor nerves, in its transit through the different portions of the parturient canal. Besides the mere enumeration of the various spinal excitors, by the irritation of which the uterus may be affected physiologically or pathologically, we shall have to study the order and succession of the normal reflex actions, uterine and extra-uterine, occurring in labour. Parturition is not one reflex act, but a function, the combined result of many such actions, aided by other powers; and we must study the preliminary phenomena, the different stages of the process, and the final accomplishment of the function; when we shall find that Nature has at her disposal a wonderful succession of stimulus and action, exactly adapted to the dilatation of the os uteri and the vagina; the propulsion and expulsion of the fœtus; and providing, also, for the safe contraction of the uterus, and its return to the unimpregnated state.

“The uterus, as a motor organ, stands alone in many respects, unlike the rectum and bladder, it is not directly influenced by volition; and unlike the heart, it is extremely prone to reflex action; it more nearly resembles the œsophagus, which is uninfluenced by the will, but is endowed with reflex motor and peristaltic action. It, however, differs from the œsophagus in the great number of excitor surfaces with which the spinal



system places it in relation ; neither is there any other organ—not even the stomach—which acts as a spinal excitor to so great a number of organs as the uterus and its excitor nerves, whether we consider it in the impregnated or the unimpregnated states. Hence the physiological necessity for the abundance of nerves recently discovered.

“Besides the reflex action of the spinal marrow and its system of excitor and motor nerves, there is the Direct action of the spinal marrow,—though this does not play the important part assigned to it by M. Serres, Brachet, and Segalas,—in which the central organ and its motor nerves, to the exclusion of the exciters, are involved. The state of the circulation affects all the motor organs under the control of the spinal marrow ; and they act with increased energy when the circulation is either plethoric or anæmic, though in the latter, exhaustion of the nervous energy quickly ensues. Thus, there is one puerperal convulsion of hemorrhage, when the heart and blood-vessels have been drained of blood, and another, of fullness of the circulation. Want and excess of blood, or *materies morbi* in the circulation, act as direct stimuli to the spinal centre, and thus the state of the circulation materially affects the uterus during labour. There are also certain agents of the *materia medica*, which, taken into the circulation, affect the spinal marrow. Thus, the ergot of rye, passing into the blood, affects the uterus by a direct spinal action ; so does strychnia, so does the inhalation of carbonic acid, and so, I believe, does ipecacuan—the influence of which in producing uterine contraction is very remarkable. Savine, aloes, alcohol, and the biborate of soda, may probably be added to the same list.” (pp. 51, 52, 53.)

“I believe, further, that at the time of parturition in mammalia, the uterus and the uterine nervous system are excited by the ovaria ; that it is ovarian excitement which induces both the permanent contraction of the uterus immediately before the coming on of labour, and the tendency to those reflex, emotional, and peristaltic actions, by which parturition is completed. In menstruation, a small synergic and reflex arc is described between the ovaria and the Fallopian tubes ; in parturition a larger arc is in operation, extending from the ovaria to the uterus. According to my researches, the excitability of the uterine nervous system at parturition, upon the presence of which the due performance of this function depends, is caused by ovarian excitement. At the time of ordinary menstruation, the ovarian irritation which excites the contraction and rigidity of the Fallopian tubes is manifest. Throughout utero-gestation the ovarian excitement returns in a slight degree at each periodic date ; but at the eleventh period after conception (reckon-

ing the last catamenial period inclusively), the ovarian excitement returns in full force, and, as a consequence, the uterine excitability, and the uterine actions of labour begin." (p. 122.)

"Some of the above facts are pathological, others are physiological; as single facts, they have, many of them, often been considered, but they have never yet been put together by the aid of a constructive idea. I think I shall be able to show you most clearly, that the mere arrangement of them in their proper order gives us at once a beautiful Theory of the Cause and Circuit of the sexual Periodicities.

"The different organs of the reproductive system affect each other in a special and peculiar manner in the causation of their periodic phenomena. The ovaria are the organs in which, during the continuance of the catamenia, the periodicities are most distinctly manifested, though these organs doubtless derive their periodic energies through the medium of the nervous system. We also know that the ovarian periodicity is specially modified by the condition of the breasts and the uterus. There is a remarkable synergic balance preserved between the three great organs of the sexual system—namely, the Uterus, Mammæ, and Ovaria. In the virgin state, the condition of the ovaria at each ovarian periodic excitement excites the uterus to secrete the catamenial flow. When impregnation has occurred, the changes set up in the uterus during the development of this organ and its contents, re-act on the ovaria, and interfere with the ovarian periodicities, so that they become masked during the whole term of pregnancy. At the time of parturition, the ovaria and uterus are the seat of a special excitement, and it is this excitement of the uterus and ovaria which excites the mammæ to the secretion of milk for the supply of the newborn infant. After delivery, the uterus soon returns to a state of comparative repose, but during lactation, the actions going on in the mammæ, like those of the pregnant uterus in ordinary cases, prevent the full development of the ovarian periods. As soon, however, as lactation and the mammary development have ceased, the uterus, breasts, and ovaria, all resume their ordinary periodicity, and ovulation and the catamenial flow proceed regularly until a fresh impregnation occurs. Thus the catamenial cycle of twenty-eight days is departed from at conception for another cycle—namely, that of gestation, which consists of 280 days, or ten lesser cycles. After the completion of gestation, a new cycle is commenced—that of lactation—upon the completion of which the system returns to the simple catamenial cycle. These cyclical and epicyclical periods are themselves all included in another great period of development, extending from puberty to the decline of the catamenia." (pp. 187, 188.)

It must be admitted, that there is a good deal of speculation in the opinions expressed in the foregoing extracts, and that all the conclusions arrived at are not the results of rigid induction. But even if mere theories, they are nevertheless ingenious and plausible and to a considerable extent founded in nature and truth. The author evinces great powers of observation and superior talent for bringing together and combining isolated facts, so as to construct rational and consistent theories. If not an originator, he is entitled to rank among the improvers of science.

But whilst we can not commend too highly some parts of Dr. Smith's work, other portions can not be too severely censured. It is truly astonishing that the same individual can at one time write with the finest sense and strongest judgment and soon after give vent to absurd and ridiculous nonsense. It is passing strange that critics, so capable of discerning good from evil in composition, and separating the chaff from the wheat, should have so kindly passed over some portions of this work. It certainly must require the thickest veil charity can weave to hide such faults, or the largest amount of good nature to overlook them.

We would deal fairly with the author and the reader; therefore, as we made him speak for himself when we wished to shew how well he could write, now when it becomes our painful duty to expose his defects, we will adopt the same course. If the reader can agree with Dr. Smith in the opinions expressed in the following extract, we must acknowledge his observations, experience, opinions and ratiocinations, must be entirely different from our own.

"I have insisted, in a former lecture, that there is an actual increase of the sexual emotion during, or immediately after the catamenial periods. There are also distinct traces of sexual excitement in some cases of parturition. That they are not always present does not tell against my argument, because the reasons why they are not so present are, as we shall presently see, very evident. My own observation convinces me of the truth of the position, and I have obtained from some of the most distinguished obstetricians of the present day the admission, that sexual excitement is sometimes apparent during or after labour in a very high degree; indeed, cases of this kind may



pass into erotomania after parturition; and cases of puerperal mania sometimes present this form of excitement as the most remarkable concomitant of the disease. We should be bound to speak the truth in any case; but it would be most offensive to all the best feelings of our nature to suppose sexual excitement present during ordinary cases of labour, and it would certainly interfere very much with the confidence now placed in the obstetric practitioner. But no such suspicion need be entertained. Happily, human emotions are very much under moral control, and in women, almost universally, the utmost retiredness is preserved in everything which relates to child-bearing and the puerperal state. Provident Nature has, moreover, specially exempted women from the dominion of all passions save that of maternity at the time of childbirth. I believe this exemption and moral superiority arises, in a very great degree, from the physical suffering of parturition. The natural throes deliver woman-kind from those emotions natural to the inferior animals. Here it is that we see more clearly than under any other circumstances, *the morality of pain*, and I cannot but consider women would dearly purchase relief from the bitter pangs of travail at the expense of descending to the condition of the brutes of the field. The pains of natural labour are hard to bear, though of late they have been most cruelly exaggerated by interested parties, but they ennoble the sufferer morally, and after the trial has passed, there comes the cry of her infant as the happy crown to the maternal martyrdom. I believe it to be right, and conducive to the safety both of the mother and her child, that women should, with all the alleviations we can offer, short of interfering with a physiological process and dethroning reason, endure the sorrow and the joy of travail. With our present knowledge, they can, as I sincerely believe, only escape the suffering at the risk of greater evils. On a former occasion I pointed out, that in women to whom ether-vapour had been administered during parturition, the sexual orgasm had been substituted for their natural pains—an exchange which women of modesty would far more shrink from, than the liveliest agony. Under chloroform, too, I have been informed of instances in which the lying-in room has been defiled by the most painful and obscene conversation. There appears, therefore, apart from considerations of safety, to be a moral objection to the use of anæsthetic agents in natural labour—an objection which should unite against them all men who desire to uphold the respectability of the obstetric department; for, most assuredly, the present kind of attendance could not continue if the facts were understood by parents and husbands, or by women themselves. The meta-

morphosis of the rites of Lucina into the orgies of Venus would be no real boon to woman, and it would probably degrade obstetricity into mere midwife practice." (pp. 128, 129.)

We cannot believe, with the author, that there is an increase of sexual emotion during or immediately after the catamenial periods; we will not, however, controvert this position—we know this opinion is held by some; but never before did we hear, read, or dream of sexual excitement during parturition. This is certainly an original idea, and if, in no other particular, the author can claim originality, in this he has the most unquestionable title to it. Our own observation, and that of all with whom we have ever conversed on the subject, is directly the reverse of Dr. Smith's. We have never observed such excitement even in cases of puerperal mania; but if present then, it would be a pathological development, a morbid phenomenon, having no bearing on normal parturition. He admits that it is not present in *ordinary cases* of labour, and that it would be offensive to the best feelings of our nature to suppose it; and we would add, repugnant to nature and revolting to common sense. Such cases must be *extraordinary* indeed, inasmuch as in more than twenty years' practice and reading not one has ever been seen or heard of.

It appears to us the most preposterous and absurd notion the mind of man ever conceived. The parturient female is not susceptible of, nor capable of exciting, any such emotion. Dr. Smith himself admits that "Provident Nature has, moreover, specially exempted women from the dominion of all passion, save that of maternity, at the time of childbirth;" but he thinks "her moral superiority depends, in a very great degree, on physical suffering." He contends for "the morality of pain." This is indisputably an original thought, but a most humiliating and degrading idea of woman. We have ever been wont to regard her moral superiority as resting on a higher and nobler basis. According to Dr. Smith "it is pain that prevents woman from descending to the condition of the brutes of the field." Has Dr. Smith never seen cases of painless labour, independent of anæsthetic agents—cases in which the patients have suffered much less than generally when chloroform is employed? Has he not attended some ladies who are almost entirely

exempted from pain during parturition? Has he found such ladies inferior in morality or reduced to "the condition of the brutes of the field?" If so, his observation does not correspond with our own. Does Dr. S. believe the Egyptian women were superior in morality to the Hebrew women who had such easy and rapid births, that the midwives would not reach them before they were delivered?

We are surprised in such a work to find such a violent tirade against chloroform, a phillipic "full of sound and fury signifying nothing."

Like all others who oppose the use of chloroform in obstetric practice, Dr. S. condemns it without a trial. It has been often remarked, and with truth, that the advocates are those who have and the opponents those who have never employed it. Dr. S. does not mention having ever tried it, which is very evident from the total ignorance he manifests with respect to its effects. What can be more unscientific, unphilosophical, and unfair, than thus to condemn an article which he has not subjected to the test of the most careful and patient experiment.

Had he employed chloroform himself, he would never have spoken of "sexual orgasm being substituted for natural pains," or have made the truly ridiculous remarks that follow that expression.

We are in the habit of employing chloroform frequently in obstetric practice, but have never observed the slightest indication of any thing like sexual excitement, nor have we ever heard an immodest or indelicate word uttered by a patient under its influence, although they have often been rendered very loquacious; it is surprising that Dr. S. should have credited, much less repeated, such disgusting and improbable stories.

We cannot account for Dr. S.'s opposition to chloroform, upon any other principle than the well-known aversion elderly gentlemen have to admit the value of any new discovery that has not originated with themselves, however ambitious they may be of the fame of invention.

Very few, if any, obstetricians contemplate the entire abolition of pain by anæsthetic agents. It is by very few, if any, proposed to employ them in all cases: many are so comparatively easy, and of such short duration, that to say the least



their employment is unnecessary and not desired by the patient. It is only in the more violent cases, in those in which pain is excessive and transcends what might be styled the physiological point, in which there is a decided departure from eutocia or in which some assistance, manual or instrumental, may be required; in all such their utility is indescribably great—their discovery to be considered one of the greatest blessings ever conferred on the human family, and should cause every human and feeling heart to expand with gratitude to Him from whom cometh every good and perfect gift.

Although Dr. S. has such an admiration of pain, and regards it so essential to the morality and elevation of the sex, he might, by the cautious and limited use of chloroform, spare his patients a vast amount of suffering and, still, allow them to endure pain enough for all imaginable purposes, moral or physical.

The utility, safety and propriety of employing chloroform in obstetric practice, are so well established and so generally admitted by the profession, that we are surprised to find such furious opposition to it from Dr. Smith, and not less astonished that reviewers should pass it without rebuke.

When we contemplate the extensive applicability of chloroform in obstetric practice, and the great amount of good to be accomplished by it, we cannot regard its proscription by any work on the subject, otherwise than as a cardinal and radical defect.

Our limits will only allow reference to a few more of Dr. Smith's opinions, to which we cannot assent. The following extracts will shew the views he entertains with respect to the modes generally adopted for supporting the perineum during parturition.

“Now I confess I do not know a more absurd situation than that of an accoucheur, doomed to squeeze the sphincter ani for hours together. Not that I would for one moment ridicule any practice which could be useful, for utility is before and above all in the practice of our art; but I believe this plan to be well nigh as useless as it is absurd—in fact, it seems a true reliquum of the midwife, and it would be no small boon to obstetrics to relieve it from such barbarism altogether.

Even if there were no such principle as reflex motor action, and no danger whatever of exciting inflammation, it may be

fairly questioned whether the long-continued pressure of the hand acting in a merely mechanical manner, is so adequate to support the perinæum as is generally supposed. Pressure on the mouth of a distensible tube through which a large solid body is passing, can have little effect in preventing laceration, unless it does this by preventing the advance of the distending body. It is not a little singular, that pressure exerted on the os uteri by the head of the child within, and the rim of the pelvis without, should be considered a common cause of rupture of the uterus, while the pressure of the perinæum between the hand of the attendant and the head of the child, should be deemed a means of preserving this part from laceration! There is no such great difference between the structure of the two parts, and the circumstances in which they are placed, as to warrant the opposite conclusions so generally arrived at." (pp. 245, 246.)

"Still there is one way in which I believe the support of the perinæum by the hand may be of service, and which indicates distinctly the proper mode of managing cases in which the danger of laceration exists. This is by mechanically retarding the advance of the head. If by exerting pressure we excite uterine action, and at the same time prevent its effects by retarding the head, we do wrong and right at the same time, and the right may more than counterbalance the wrong; but if we practise the right alone, the gain will be far greater. This we may do simply by moderate pressure on the head of the child. I apply this pressure by the tips of the fingers and the thumb of the right hand, arranged so as to press in an annular form upon the presenting part. By acting thus we do no injury to the child; we retard the advance, but we excite no unnecessary and unnatural motor action. The only circumstances in which I would recommend perinæal pressure are in those cases in which the perinæum is largely developed in its posterior portion, and where the head of the child, instead of advancing under the pubic arch, is urged very forcibly against the posterior portion of the perinæum, the anterior being little dilated. In some cases of this kind, support is advisable, the motor action excited being of less consequence than the retardation of the head, which is advancing in an improper direction." (p. 246.)

Burlèsque is no argument, and it is often much more easy to ridicule than to confute—to criticise than to improve modes of practice. Such attempts at wit, to say the least, are incompatible with the dignity of science.

There is no doubt but that many authors attach an undue importance to supporting the perineum, in ordinary cases of

labour; and it is, farther, equally probable that wrongly directed endeavors to prevent, have sometimes caused, lacerations of that part. We have been long surprised at the following expression of the late Prof. Hamilton: "In this part of the kingdom, the perineum requires to be supported in such cases, (*primiparæ*,) from two to five hours and upwards." He says, farther, "that he has often had to make counter-pressure on the perineum for from five to nine hours." We are compelled to believe either that parturition must be attended with much greater facility in our country, or that Prof. H. was accustomed to support the perineum, long before there was any necessity for it.

In a large majority of cases, it is probable no laceration would occur, if no support were afforded; but in some it is certainly indispensable to safety, and it is proper that due caution should be observed in all, although in general the application of the hand is not necessary until the perineum is considerably distended, frequently only during the last one or two pains.

Dr. S. compares the support given to the perineum to "pressure on the mouth of a distensible tube while a hard body is passing." This certainly is not stating the case fairly; there is no analogy—the pressure is not made on the mouth of the tube, but while the hard body is bearing hard on one side of the tube and threatening to force its way through it, that side is supported and the body pressed in the direction of the mouth which is left free for its exit.

Dr. S. attempts another comparison which is as inapplicable as the former, the pressure of the os uteri between the head and the brim of the pelvis, and the pressure of the perineum between the head of the child and the hand of the accoucheur—the brim is a hard and sharp edge, the hand is broad and soft; the pressure in the former case is often constant, whereas the other is always intermittent: besides, Dr. S. elsewhere contends that when the mouth is separated from the body it is torn off by the violent contractions of the uterus and not cut off by the pelvic brim.

Dr. S. advises, when the head is advancing too rapidly, so as to endanger the perineum, to retard its progress by pressing against the head with the thumb and fingers, leaving the perineum untouched: this plan is not original with Dr. S., it was



recommended long ago by Dr. David D. Davis, in his massy work entitled, "Obstetric Medicine," and we have known it practised with the result of a considerable laceration. It may be necessary sometimes to resist the too rapid advance of the head; but it is far better to endeavor to diminish the resistance of the perineum, by placing the patient in the most favorable position, her thighs gently flexed on the pelvis and moderately separated, by bloodletting, tartar emetic and opium, and warm fomentations to the part, by directing the patient to cry out during the pains, and to refrain as much as possible from bearing down: the danger of laceration, when imminently threatened, may perhaps be most effectually prevented by putting the patient decidedly under the influence of chloroform. In our attempts to support the perineum, our object is not to make direct pressure against it, but to press it slightly forward, lengthening out by the hand the curve of the sacrum and coccyx, causing the head to turn from the axis of the brim into that of the outlet, promoting thereby that period in the mechanism of labour termed extension.

We would not deny altogether the reflex motor-action of the uterus, excited by pressure on the perineum, but we believe it is very much exaggerated by Dr. Smith: this, however, may be regarded a venial fault, it is so common for those who have favorite hobbies to ride them too hard.

Dr. Smith admits there are cases in which perineal pressure is necessary, "in which the perineum is largely developed in its posterior portion, and where the head of the child, instead of advancing under the pubic arch, is urged very forcibly against the posterior portion of the perineum, the anterior being little dilated." This condition will be found very frequently to obtain, especially in all cases in which the occiput presents posteriorly at the superior strait, which are far more numerous than generally supposed, because in these cases the occiput, after greatly distending the perineum, almost invariably rotates forward and emerges under the pubic arch, an occipito-posterior being thus converted into an occipito-anterior position. It must be in these cases that the child's head is sometimes driven through the middle of the perineum, leaving the anterior and posterior margins uninjured.

Dr. S. attempts to deduce an argument against the necessity for supporting the perineum, from the fact that rupture does not generally occur, when patients are delivered alone; that it does not happen oftener is readily accounted for, when we reflect that in those cases which are so rapid that assistance cannot be obtained in time, there is such perfect relaxation and preparation of all the soft structures involved in parturition, that little or no resistance is afforded; they almost appear, as he seems to suppose, to dilate of their own accord and allow the little stranger a free and unrestrained escape from prison. The rapidity of the delivery is, perhaps, in every such case, owing more to the want of resistance than to greater violence of the expulsive powers.

Dr. S.'s arguments would not be likely to weigh much with accoucheurs who are fortified by experience, but they are calculated to mislead those who have no experimental knowledge: at least we have had such abundant reason to be satisfied with the method we have practiced for more than twenty years that we could not be easily induced to change it, such an accident never having occurred but once, and this was very slight, and promptly and perfectly recovered from, having been caused by the patient moving suddenly and violently during an instrumental delivery.

Dr. Smith contends that opium, instead of diminishing increases uterine action.

"I believe opium generally, by its purely physical and direct effects, increases rather than diminishes uterine action, and that this is the secret of its utility in uterine hemorrhage. Looking to its physical action alone, it is absurd that we should give opium before turning, to allay uterine contraction (a constant practice), and that it should also be given in hemorrhage to produce contraction (a practice upon which many obstetricians rely). Some explanation was necessary to reconcile these apparent contradictions in obstetric therapeutics." (p. 233.)

We are aware that Dr. S. has some authority in support of this opinion, and we are ready to admit that sometimes when administered during labour, it appears in moderate doses to exercise little if any influence, at others it seems to lessen the perception of pain, while the uterine contractions continue as strong and

efficient as before, even more so in some instances from the patients' becoming more quiet, and refraining from unnecessary exertions and exclamations. But how often in obstetric practice, do we observe the most decided and happy effects of opium in subduing uterine action? In tedious labours, where patients' strength and spirits are exhausted by ineffectual pains, how often do we observe them entirely suspended, and sleep induced, by a large dose of opium, to their great relief and subsequent benefit? We will say nothing of false pains, as their seat is doubtless often not in the uterus. Is it not strange that accoucheurs, from time immemorial, with very few exceptions, have been accustomed to give large doses of opium to quiet uterine action, before proceeding to turn or perform any other important operation, without discovering that it produced the very opposite effect? We verily believe, had Dr. Smith exhibited opium in sufficiently large doses, he could not have failed to observe a temporary suspension or abatement of uterine action. In the treatment of after-pains the most prompt and decided relief is obtained by opium administered by the mouth, or in the form of enema.

But it is in the prophylaxis and prevention of abortion that opium is most frequently and beneficially employed—we believe it is generally regarded by the profession as indispensable, there being no substitute for it. If there be any certainty in medicine, if we have positive knowledge of the effect of any article of the *materia medica*, it is the power of opium in quieting uterine action, when prematurely excited. How often do we witness the most signal benefit, the happiest results, from large doses of opium in arresting abortion, when most imminently threatened? How often do we observe strong uterine contractions attended with violent pains promptly stopped, by a full dose of opium or morphine? What physician could be induced to dispense with opium in such cases? How often do we see ladies, who were subject to habitual abortions, conducted safely through gestation by the long continued and frequently repeated administration of opium? We could detail case after case in point; but we will only refer the reader to one, related by Dr. Levert, of Mobile, in the first volume of the second series of this Journal, in which his patient took nine



grains of morphine two or three times daily for some months, and by this course gave birth to a healthy child at full term, although she had always previously miscarried. The same treatment was adopted in a subsequent pregnancy with the same happy effect. We have never employed it to the same extent, but we have given two or three grains daily with the most satisfactory results. The only employment Dr. S. recommends of this medicine is an opium and belladonna plaster to the back.

Dr. S. says nothing of sinapisms or blisters to the sacrum in the prevention of abortion, which we consider a very important omission, as we have been wont to regard the former especially as very valuable means; still, notwithstanding the exclusion of opium and revellents from the treatment of abortion, which we cannot but consider a great defect, his remarks are in general excellent.

Dr. Smith's lectures on puerperal convulsions constitute one of the best treatises we have ever seen on the subject, yet we think he might to advantage have said more about the means of prevention, when premonitory symptoms are present, which is in the highest degree important, as they can be so much more easily and certainly prevented than cured; but perhaps he could not, compatibly with the opinions of the effects of opium and chloroform, which, next to bloodletting, are certainly the most powerful means we possess to allay turbulent excitement during parturition, tranquilize the nervous system, and prevent convulsions.

In commenting on a case, Dr. S. condemns the application of a blister to the spine, on the principle that stimulating the surface over the spine excites reflex motor action;—we agree with him decidedly that in that instance, the opiate enema arrested the convulsions, before the blister had time to act; but we are compelled, from our experience, to regard revellents over the spine, especially sinapisms, most valuable resources, in arresting both puerperal and infantile convulsions; but applied to the extremities as well as the spine, they are still more efficient in removing the coma that frequently results.

Discussion on theoretical subjects has been purposely avoided, and we only proposed to consider a few points in practice in

which we cannot agree with the author; there are still some others, but our limits will not allow us to proceed farther. We are not fond of fault-finding, nor will we say

“ Beauties and faults so thick lie scatter'd here,  
These I could read, if those were not so near.”

We thankfully receive this work as a valuable contribution to our science; and although we do not think it altogether a suitable book to place in the hands of inexperienced pupils, we heartily recommend it to practitioners, trusting they will derive as much pleasure, if not profit, as we have, from its perusal.

J. A. E.

*On the actions of Medicines on the Secreting and Excreting Organs.* By Dr. A. B. GARROD.—(London Lancet.)

The function of the excreting organs is to remove from the system matters produced during the metamorphoses of the tissues and food, and which are no longer of any service in the animal economy. Now we know that during life changes of an oxidizing character are constantly taking place, the ultimate effects of which are much the same as if the tissues had undergone ordinary combustion, which, however, is not of a perfect character, for the carbon and hydrogen are not entirely converted into carbonic acid and water; these elements partly assuming the form of less oxidized compounds; and again, the nitrogen, although it is mostly thrown out as urea (hydrated carbonate of ammonia), yet it is also eliminated as uric and hippuric acids, kreatine and kreatinine, &c. These various products of decomposition are removed from the system by different channels, some of the excreting organs separating chiefly the nitrogenized, others the carbonaceous compounds, &c. In health there are removed,—

By the lungs.	{ Carbonic acid. Water.
By the skin.	{ Water. Carbonic acid (a little). Nitrogenized matters containing urea.
By the kidneys.	{ Water. Urea. Uric acid. Hippuric acid. Kreatine and Kreatinine. Colouring matters, &c. Fixed salts.

By the liver and intestines.	{ Real bile afterward (reabsorbed).	} Fæces.
	{ Bile pigment.	
	{ Cholesterine, &c.	
	{ Indigestible matters ; peculiar secretion, from intestinal canal, &c.	

We have already seen that the perfect performance of the functions of these various excreting organs is of the greatest importance, and that many diseased states of the system may arise from their defective action ; thus, if the kidneys become injured, and urea, &c., accumulate in the blood, then dropsical effusions, affection of the brain, &c., may arise.

Again, if the action of the liver is stopped, the bile pigment not being thrown out accumulates, and seeks other means for its discharge, giving rise to the yellow skin, dark-coloured urine, &c., symptoms known by the term jaundice. If the lungs are unable, from any cause, to perform their function, apnœa takes place, from the inability to obtain oxygen, but partly, also, from the retention of carbonic acid in the blood, and so on with the other excretions. Many remedies which we are in the habit of administering are found in these various excretions, having first been absorbed from the stomach into the blood ; in some instances, these agents pass out in the state they were administered ; in other cases, they become altered by the action of the blood, and are eliminated in a modified form. Many of the substances which have been found in the urine, &c., have escaped detection in the blood ; no doubt this has arisen partly on account of the difficulty in detecting substances in this fluid, and partly, also, from the extreme facility with which they are removed by the excreting organs. Certain bodies, however, have been discovered in this fluid, amongst which I may mention, iodine, mercury, baryta, cyanide and sulphocyanide of potassium, hydrochlorates of ammonia, indigo, rhubarb, musk, camphor, &c. ; several substances have also been found deposited in the solids as mercury and madder in the bones, silver in the skin, copper in the liver, lead in the brain, spinal cord, and muscles. The kidneys appear very active in removing from the blood matters which are abnormal to its constitution, and the substances which, after their administration, have been detected in the urine, are very numerous, as they have been more sought for in this fluid than in any other excretion.

Some substances are found in the urine in an altered state, and the nature of the changes which they undergo is exceedingly interesting. For example the salts of the vegetable acids, as the alkaline tartrates, lactates, acetates, malates, &c., are decomposed in the system, and eliminated as carbonates of



the bases; this change is effected by the oxidizing action of the system, and during their metamorphoses they probably produce some change in the respiratory process; hence, also, the influence which even acid fruits, as oranges, lemons, &c., possess in causing an alkaline condition of the urine, the acids being decomposed into carbonic acid and water, and the carbonates only escaping through the kidneys. Certain other acids undergo a different kind of metamorphoses—for example, benzoic and cinnamic acids; these are not broken up into carbonic acid and water, but, by uniting with other matters found in the blood, are capable of forming an acid which is a normal constituent of the urinary excretion. When benzoic acid is taken into the stomach, and the urine passed during the next five or six hours collected, it is found to contain, not benzoic acid, but in its place hippuric acid. The amount of hippuric acid exceeds that of the benzoic acid administered. Mr. Ure, who first observed this change in the human subject, thought that the benzoic acid in its passage destroyed the uric acid, and by assuming its elements, became converted into hippuric acid; but when repeating the experiment, found this to be an error, for the amount of the uric acid in the urine remained the same before and after its administration.

By the use of these bodies as remedies we produce a very acid condition of urine, enabling this fluid to hold in solution a large amount of phosphatic salts; and hence, in some cases where these are deposited, it proves a useful therapeutic agent. A case illustrating this occurred recently under my care in University College Hospital. A woman suffering from slight paraplegia was voiding urine, alkaline in reaction, and which deposited so large an amount of phosphates, as frequently to occupy half the height of the fluid in the glass. The administration of the usual remedies, as nitric acid, Pareira brava, &c., did not produce any effect on this condition of the urine; but when benzoic acid was given in large doses, (two scruples four times a day,) the phosphatic deposits soon became lessened, and in a few days entirely ceased; the urine also at the same time became acid when voided, and did not very readily undergo decomposition. When the remedy was discontinued the abnormal condition of the urine did not return. In such cases it is probable that the benzoic acid not only imparts to the urine the power of holding the phosphates in solution, but acts also by stimulating the mucous membrane of the urinary passages, and correcting the secretion of an abnormal mucus, which often serves as a ferment, and causes the decomposition of the urea into carbonate of ammonia.

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*Novel Effects of Potassium—Foreign Bodies in the Urethra—Catalepsy.* By A. B. SHIPMAN, of Syracuse, N. Y.—(Boston Medical and Surgical Journal.)

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A few months ago I was called in great haste to a young gentleman who was in a most ludicrous yet painful condition. I found, on examination, a bottle, holding about a pint, with a short neck and small mouth, firmly attached to his body by the penis, which was drawn through the neck and projected into the bottle, being swollen and purple. The bottle, which was a white one, with a ground-glass stopper and perfectly transparent, had an opening of three fourths of an inch in diameter only; and the penis being much swollen rendered its extraction utterly impossible. The patient was greatly frightened, and so urgent for its removal that he would give me no account of its getting into its present novel situation, but implored me to liberate it instantly, as the pain was intense and the mental anguish and fright intolerable. Seeing no hopes of getting an explanation in his present predicament, and after endeavoring to pull the penis out with my fingers, without success, I seized a large knife lying on the table, and with the back of it I struck a blow on the neck of the bottle, shivering it to atoms and liberating the penis in an instant, much to the delight of the terrified youth. The glans penis was enormously swollen and black, as was the prepuce; both were vesicated, as though scalding water or fire had been applied to them. He complained of smarting and pain in the penis, after the bottle was removed; and inflammation, swelling and discoloration continued for a number of days, but by scarification and cold applications, subsided; yet not without great apprehensions on the part of the patient, and a good degree of real pain in the penis.

The reader is probably anxious to know, by this time, how a penis, belonging to a live man, found its way into so unusual a place as the mouth of a bottle. I was extremely curious myself; but the fright and perturbation of the patient's mind, and his apprehensions of losing his penis entirely, either by the burn, swelling, inflammation, or by my cutting it off to get it out of the bottle, all came upon him at once, and overwhelmed him with fear. Now for the explanation. A bottle in which some potassium had been kept in naphtha, and which had been used up in experiments, was standing in his room; and wishing to urinate without leaving his room, he pulled out the glass stopper and applied his penis to its mouth. The first jet of urine was followed by an explosive sound and flash of fire, and quick as thought the penis was drawn into the bottle with a force and

tenacity which held it as firmly as if in a vice. The burning of the potassium created a vacuum instantaneously, and the soft yielding tissue of the penis effectually excluding the air, the bottle acted like a huge cupping glass to this novel portion of the system. The small size of the mouth of the bottle compressed the veins, while the arteries continued to pour their blood into the glans, prepuce, &c. From this cause, and the rarefied air in the bottle, the parts swelled and puffed up to an enormous size.

How much potassium was in the bottle at the time is not known, but it is probable that but a few grains were left, and those broken off from some of the larger globules, and so small as to have escaped the man's observation. I was anxious to test the matter (though not with the same *instruments* which the patient had done), and for that purpose took a few small particles of potassium, mixed with about a tea-spoonful of naphtha, and placed them in a pint bottle. Then I introduced some urine with a dash, while the end of one of my fingers was inserted into the mouth of the bottle, but not so tightly as to completely close it, and the result was a loud explosion like a percussion cap, and the finger was drawn forcibly into the bottle and held there strongly—thus verifying, in some degree, this highly interesting philosophical experiment which so frightened my friend and patient.

The novelty of this accident is my apology for spending so many words in reporting it, while its ludicrous character will, perhaps, excite a smile; but it was anything but a joke at the time to the poor sufferer, who imagined in his fright that if his penis was not already ruined, breaking the bottle to liberate it would endanger its integrity by the broken spiculæ cutting or lacerating the parts.

Accidents frequently occur to young men, who, to gratify a morbid propensity, introduce substances into the urethra, which sometimes slip beyond their reach, find their way into the bladder, and prove fatal.

The following incident is somewhat interesting, as it illustrates one of these cases. On dissecting a subject a few years ago, in the Indiana Medical College, a calculus was found, one and a fourth inch in length and three fourths of an inch in diameter—rough on its outside, but in shape resembling an egg. No satisfactory history of his case was obtained at the time. In performing the operation of lithotomy before the class, on the dead subject, this calculus was employed. In one instance, on removing it with the forceps, I accidentally crushed it, and found the end of a lead pencil sticking out at one extremity. It was a little over an inch in length, and made



of red cedar, which on cutting still exhaled the peculiar odor of that wood. A small lead was in the centre, and one end of the wood was sharpened, the other cut off square. A few days after this, a young medical student brought me the annexed history. Three years and six months previous to the death of a young man, 20 years of age, he being in company with a lad of his own age in the woods, introduced this pencil point first into the orifice of the urethra, to gratify a morbid appetite, and it slipped away from his fingers beyond his reach. Being much terrified, he kept working at it, but the outward end being squarely cut off, would not come out, but worked backwards into the bladder, when it ceased to trouble him. Twelve months afterwards he began to experience difficulty in urinating; but called on no physician until the lapse of eight months. This physician discovered stone in the bladder, and advised him to have lithotomy performed. But about this time a Uroscopian was consulted, who, after wisely peeping into a vial of his urine, made the discovery of simple liver diseases, and under his treatment he died—it being from three to three and a half years from the introduction of the pencil. He never from first to last, disclosed the accident to his physicians; but the young man who was with him at the time of the occurrence gave the history, as he was a confidant of the patient.

Foreign bodies will sometimes get into the urethra and bladder in a strange and unaccountable manner, especially into the female urethra. A student of medicine, or rather a man who had practised medicine in the West a number of years, brought me a stone the size and shape of a pigeon's egg, which he declared he had extracted from the urethra of a female. It had lodged in the urethra an inch from the external orifice, obstructing the urine and causing great distress. He had not the least doubt of its being a calculus, formed in the bladder originally. As soon as I saw it I was convinced that it was formed in some lime-stone quarry originally, and found its way into the urethra from without—the why and the when best known to the patient. On expressing my opinion to the owner of the pebble, he was disposed to be crabbed, and was for a hot dispute; when, to convince him, I had him view the stone through a microscope, and lo! it was plainly seen to be composed of minute fossil shells—evidence conclusive that it was never formed in the bladder. On a more minute and particular examination, the fact was elicited that the female alluded to was one of those strange, hysterical beings, whose minds are of a perverted cast, and who are always having anomalous and out-of-the-way disorders.

An illustration of the value of the microscope as a diagnostic

means, was had in the case of a female who was subject to catalepsy, somnambulism, hysteria, mesmerism, and a long catalogue of strange and anomalous affections. One of the most tangible of her intangible difficulties was the passage of large quantities of gravel, sand and pebbles from the urethra. It was said that *quarts* of these had passed her from time to time; and that no mistake in this matter might arise, the catheter would detect them while in the urethra and bladder. I procured half a gill of these gravel stones, and their physical qualities were precisely like clean water-worn stones, selected from a gravel bank or the brook. Examination of them chemically, showed them to consist of heterogeneous substances—lime, silicious, and fossiliferous kinds. And the microscope plainly exhibited some of them to contain minute shells and coralline formations. After this, the intelligent reader may guess, at least, *how* the substances got into the bladder. Her physician, who is a gentleman of skill and intelligence, believed them to have been formed in the bladder or kidneys. They were at times detected in her stools; but as she strained much, and sat over a vessel, her attendants were not certain but these came also from the urethra. The history of this female would furnish a tissue of as strange and extraordinary circumstances as that of Jane Rider, Rachel Baker, or any other of the like stamp, which are on record; and as I have copious notes, I may some day furnish them entire for publication. These cases are better understood at this day than formerly; yet there are instances where these persons not only deceive others but themselves likewise—a species of moral insanity, which prompts them to do things totally inconsistent with reason and their own principles. If this female introduces these foreign bodies into her urethra, and at times swallows some of them, it is done in a paroxysm of intellectual or moral perversion, unknown to her in her more lucid intervals.

A few years ago it was my fortune, or rather misfortune, to have under my care a female patient who labored under this perversion of mind, and she had the most strange and contradictory kind of diseases, mostly affecting the genito-urinary organs. One day it would be an inability of retaining her urine; the next, perhaps, retention, requiring the catheter. One month, menorrhagia; the next, passing over the time, or scanty in quantity. There would be weeks that nothing would pass the bowels, the most drastic purgatives proving harmless, and apparently digesting like the blandest aliment, when a dose of opium would act promptly as a purgative. Then a diarrhœa for days together, that opium and its preparations would increase, but a dose of castor oil would put a stop to at once. She

would vomit for hours, and the blandest food would be rejected; but perhaps cold raw cabbage and vinegar, or pickled beets, would be retained, and digest most perfectly. But she was always showing me some curious substance which came from the bowels, or bladder, or vagina, and quite a pretty collection of unique curiosities might have been gathered from her, had some one, who had a taste for such matters, taken pains to preserve them. A ball of hair was voided from the bowels; also a substance like amber, some curious seeds which no one could name, pieces of flesh, a tube like the intestine, a liquid possessing the sensible qualities of urine, milk, blood, inky liquids, globules of quicksilver, sand, pieces of brick, &c. All these substances were at some period of her case voided per anum. A catalogue not less numerous or dissimilar came from the bladder. From the skin there came shining scales, which looked to me like bits of mica, and which she saved and exhibited as some unknown metal that she professed to believe had been given her years ago. I had never seen a case like this before—and as she was a very pious, exemplary girl, I took it for granted that she told me the truth.

Along with the other marvels of her case, black urine was often shown me, and she would go more than a week at a time without once voiding a drop, or there being any secreted. This staggered my belief, I must confess, a good deal; but as I knew of no motive for deceiving me, I reluctantly believed it. The skin would exhibit curiously-colored spots occasionally, sometimes colored off very fancifully. Then a blister, as if a hot substance had been applied, or a strong corrosive material. At length the climax of the case arrived. I was called in great haste to see her, and found the urethra obstructed with a hard substance, which sounded, when the catheter was applied to it, like a calculus. She stated that it had been in the bladder a long time, she was confident. But as it happened, I had been obliged to use the catheter, from time to time, previously, and had even used a male silver instrument for the purpose of exploring the bladder but a short time before, and no stone could be detected. Besides this, the stone was a large rough one, and appeared as if it had entered the urethra from its *external* orifice, instead of from the bladder. As it was only about three fourths of an inch from the meatus, it was readily extracted with a pair of common forceps, when its true nature was perfectly apparent. It was a piece of common slate stone, and its kindred fellow was the hearth stone of her own room! Light broke on me at once. I taxed her with imposing upon me, and her only reply was a violent fit of hysteric grief and anger. It is unnecessary, I presume, to inform the reader



that most of her strange and unaccountable symptoms vanished from this time, her health improved, and whatever diseases came upon her after this, were such as could be classified.

I have no doubt that most of the extraordinary phenomena in this case had their solution in some of the ordinary laws of nature. Black urine could easily be shown, as well as bloody. Milk, or ink, or blood, could be mixed with it, and the absence of the urine could be readily feigned. Seeds of plants, also pieces of flesh, gravel, sand and brick-dust, with coal, plaster, &c., could be readily put into the urine and fæces. Quicksilver or its amalgams might have composed the scales of mica, &c., which were found on the skin; and hot water, hot irons and other burning substances, might have been used in effecting the appearances of the skin. The object of all this deception was probably to excite pity and compassion, or perhaps to become an object of wonder and notoriety. A morbid pruriency may have also entered into some of her calculations, as manipulations about the genito-urinary apparatus seemed to be specially her object.

It is this class of patients that are so susceptible to the influence of animal magnetism. In truth, I believe mesmerism is only one phase of the complaint, and can be artificially induced in these subjects very easily. I presume catalepsy is another form of it, occurring naturally, for I have known a person who was subject to fits of catalepsy, that could only be roused at pleasure by mesmeric passes, and could be also thrown artificially into the cataleptic state, by mesmeric manipulations, precisely like the natural fit of that disease. A case happened a few years ago that was of this character.

A colored girl, about 20 years of age, fell into a cataleptic state, which greatly alarmed the family in which she lived. She appeared stiff, rigid, and insensible as a piece of statuary. A young gentleman, who was sitting up in the room with her during the night, commenced making frictions on the legs and arms, and while rubbing the arms, from below upwards, he observed that they gradually relaxed, as did the legs also, when she immediately arose, yet with her eyes perfectly closed. In the greatest consternation he left the room, and rushed down stairs, followed by this ebony Venus, who pursued him through doors and passages, with eyes still closed, avoiding all intervening obstacles, as though she saw them perfectly, and it was with the greatest difficulty she could be got back into her room, and not until the young man himself returned, when she followed him readily. She continued to fall into the cataleptic state spontaneously, on my mesmeric passes, and was brought out by reverse passes, until the case began to excite too much

notoriety for the comfort and convenience of the family, who had her carried home, and the subsequent history I never knew.

Hysteria, catalepsy, mesmerism, somnambulism, and a number of the hysterical affections, are so nearly allied to each other, that they most probably have something of a kindred origin. The disposition which such persons manifest to deceive themselves and others, is a striking trait in their character. While we should be constantly on our guard against imposition, we should, notwithstanding, treat them kindly, and look on them in the light of diseased beings, physically and morally.

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*On the Pathology of Convulsions in Children.*—(British and Foreign Medico-Chirurgical Review.)

[A writer in the British and Foreign Medico-Chirurgical Review, lays down the following proposition respecting the convulsions of children. He says:]

1. The first proposition we may lay down is that of Flourens, Magendie, and Hall, that no disease of the mere cerebrum, or disorder limited in its effects to that organ, or to the purely cerebral nerves, can induce convulsion; for no irritation confined to these parts can bring about muscular contraction. If disease or disorder, or so called irritation, commence in these parts, it must afterwards be propagated to, or its results there must affect the membranes, or the incident or motor nerves, or the medulla oblongata, before convulsions can arise.

2. Convulsions, either partial or general, may occur, and during the fit the child may die; yet after death no *visible* alterations, or organic lesions, or anatomical changes, can be discovered in the nervous centres, with which such convulsions can be rightly and satisfactorily associated as an effect; nor has the child been known to have labored under any affection of other systems or organs, by which the centres may have been more immediately or secondarily affected, or with which they may have *sympathised*; nor have the incident or excitor nerves been known to have been exposed to such irritation, as might have produced the convulsions in the way of reflex actions. It is here then supposed that certain alterations, of a dynamic character, in the nervous matters of the centres, primarily arising there, are the cause of such convulsions, which are therefore of *centric* origin, a cause which is certainly not anatomically definable, but only assumable in its existence.

3. Convulsions, either general or partial, may occur, and the child may die in the fit; but after death, no morbid lesional changes are found to exist in the nervous centres, to which we can ascribe the disorder as an effect. We refuse to acknowledge that the cause of the convulsions had its origin in the nervous matter of the centres, or primitively affected it, because we know the child to have been exposed to irritants of the incident or excitor nerves; and we believe that these convulsions were caused by reflex spinal actions, and that the latter were the result of the irritation so produced. We believe, moreover, that the child laboured under no affection of any organ which could alter the proper relations of the vascular system of the brain with the nervous matter, or at least produce such an alteration which proves itself by an abiding and evident change to be witnessed after death. These convulsions are of *excentric* origin; and the only cause of them, down to which we can generalize, is the peculiar irritation to which we believe certain incident or excitor nerves have been subjected.

4. A child dies after having been convulsed. After death, more or less evident and important lesional changes and anatomical alterations are found in or about the nervous centres. These we believe sufficient to account for such convulsions, and we trace them to such morbid changes, &c., as their effect. We also affirm them to be caused by disease of the centres, because before their appearance they existed a greater or less amount of so-called "cerebral symptoms." We believe these cerebral symptoms, and consequently the disease of the centres, to have been of a *primary* character, that is to say, to have had their commencement either in the nervous or vascular apparatus contained in the cranium or spinal canal, and not to have followed as a secondary disorder upon a more or less acute affection of any other or more distant organ. These convulsions are of *centric* origin.

5. A child dies in convulsions. After death we may, or we may not, perceive such material changes in the centres as we may affirm to have been their immediate cause. If they exist, so far it is satisfactory; if not, we yet believe that *temporary* alterations were produced, either in the relations of the vascular system of the brain, &c., to its nervous matter, or else in the *sympathetic* relationships between the centres and other symptoms, organs, or structures of the body, by the previous existence of important disease in organs, &c., other than these centres. This we believe, because we know the child to have exhibited, for a greater or shorter space of time, other than "cerebral symptoms," to have distinctly betrayed the existence of more or less acute disorder of distant parts. We therefore



believe that such convulsions, or the disorder in the centres were not of *primary* character, not the result of disease having its primal origin in the centres themselves; but that they were of *secondary* character, a well marked and evident disorder of a distant part having at length drawn the brain—not at first disposed in itself to enter—into the general whirlpool of mischief. Such convulsions are yet of *centric* origin.

We believe that the above arrangement can be made to include all forms of convulsions spoken of by writers as occurring in children. But we must admit that it is very doubtful how far we may be permitted, as knowledge advances, to preserve all its various divisions. For example, it may be asked if we are *now* justified in making such a class of convulsive actions as we should include in the characters of proposition 2,—a class having only *assumable* endowments. Are we warranted in believing that, in infants and young children, such purely and essentially *neurose* disorder can arise, or that the nervous matter of the centres can assume in itself any such diseased condition?—a condition independent of alteration or changes in its vascular system. It has been affirmed by some later continental writers that before the period of the first denition, *essential* convulsions, such primitive *neurose* disorder as we have admitted, are things next to an impossibility; and Mauthner asserts that, even later in life it forms the exception to a great rule, when we are called upon to believe in their existence. According to Version, “before an organ or system—causes of disease being present—can exhibit the development of a pure and special form of malady, proper to and proceeding from itself, it must be endowed with all those qualities which make it capable of the conflict; it must possess a completely developed organization, and through the latter be in a condition to react against those influences which are affecting it; do we find this to be the case with the *sensitive* sphere of life in the infant? By no means. In it predominates the *vegetative*, and that portion of the nervous system alone which is necessary for the carrying on of its functions. The ganglionic system is, therefore, developed relatively to such necessities.

The comparatively more perfect development of the spinal cord in children, with which the ganglionic system is in such intimate connexion, in relation to that of the brain, is one of the main reasons advanced by some later writers to account partly at least for the very great frequency of convulsion during infantile life. Dr. West remarks:

“The grand reason for their frequency is no doubt to be found in the *predominance of the spinal over the cerebral system in early life*. In the adult, the controlling power of the brain

checks the display of those reflex movements, which become at once evident if disease heighten the excitability of the spinal cord or cut off the influence of the brain from the paralysed limb, or if even sleep suspend that influence for a season."

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*On the Action of Medicines which Influence the Nervous System.* By Dr. A. B. GARROD.—(London Lancet.)

We have seen that the composition of the nervous tissues differs remarkably from that of other textures, in containing a large amount of phosphorized fatty matters, which have been named cerebrin phosphorized oil; that is, fats having phosphorous, in an unoxidized condition, entering into their constitution, in the same manner that iron forms an essential element of hæmotosine, or the blood pigment. We have found also, that, according to Dr. Bence Jones, the elimination of the phosphates is increased in acute inflammation of the brain, the excess in these cases doubtless arising from the increased waste of the phosphorized fats; and the conversion of the phosphorous into phosphoric acid. These facts certainly indicate that phosphorous forms an important element of the nervous system. On reviewing the remedies which appears to have a direct influence on different portions of the nervous centres, we find that the most prominent among them are certain principles derived from the vegetable kingdom—viz., the vegetable alkaloids—bodies, all of which contain nitrogen in their composition, with the exception, perhaps, of picrotoxia; but even this requires confirmation. The parts of the nervous system upon which the action of these principles is directed differ considerably—some, as morphia, and codeia, acting on the brain; others, as strychnia, brucia, &c., on the spinal cord; others, again, as digitalia, nicotina, on the heart, through their influence probably on the ganglionic nerves. It was formerly supposed that the essential oil of bitter almonds was poisonous, from its influence on the nerves; if such were the fact, it would prove a very striking exception to the rule which we have found to hold good in so many cases; Wöhler and Frerichs, have shown, that when entirely freed from prussic acid its effects are perfectly harmless.

We also find that there are bodies in the mineral kingdom which produce similiar effects, among which the most striking examples are seen in the metals arsenic and antimony; and in others, in a more or less degree. The same also may be said of phosphorus itself, when given in an unoxidized form; and perhaps, also, of ammonia.

When considering the nature of the elementary substances in our introductory lectures, you will remember that we arranged them in certain groups, and stated, at the time that the elements in each group, however unlike in physical conditions, yet possessed properties which, in a chemical point of view, brought them in very close relation to each other. One of these classes consisted of arsenic, antimony, phosphorus, and nitrogen—elements very nearly allied to, and frequently having the power of replacing, one another in compounds. Hence, then, we find that the substances which have the power of acting most powerfully on the nervous system are those which contain in their composition arsenic, antimony, nitrogen, and also phosphorus. The first two elements appear to operate when administered in any state of combination, provided they are absorbed into the blood; the two latter require to be in certain peculiar states, as they are themselves normal constituents of the animal body; and with regard to nitrogen, different amounts of this element and the different states in which it exists, appear to endow it with different properties. That different methods of combination of the elements influence greatly the effects of a substance on the economy is beautifully exemplified in the action of the different cyanides; ferrocyanide of potassium (the common prussiate) being harmless, whereas when heated to redness in a closed vessel, it is converted into a most deadly poison, from the change of the ferrocyanide into the simple cyanide of potassium. Again, we can trace still further analogies between these different cerebro-spinants; thus, quinia, containing nitrogen, has its properties nearly approached by arsenic; and antimony, in its power of subduing vascular action, appears not very unlike the active principle of digitalis. Of course we only wish these remarks to be considered as purely hypothetical; but still it is interesting to notice any circumstances which seem to throw the slightest glimpse of light on the action of any therapeutic agents.

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*On Foreign Bodies in the Mucous Canals.* By J. F. VINCENT, Esq.—(Edinburg Medical and Surgical Journal.)

A portion of an ear of barley slips into the nostrils, with the stalk end foremost. The least touch of a body so formed, in such a situation, thrusts it further inward. For one or two days it produces considerable irritation, which, however, at length subsides; and the foreign body, coated with thick mucus, is ejected without effort. A small piece of leaf of a vegetable gets into the ventricle of the glottis; and causes



great irritation and coughing for some hours. It is soon enveloped in mucus, and comes quietly away next day.

These facts show what the surgeon should do under similar circumstances. He should not with his forceps irritate still more parts already too much irritated. He is not to allow even any effort of sneezing, in the one case, or unnecessary hawking in the other. He is to require the patient to be kept quiet, that the body may continue in one situation, so as to acquire as soon as possible the coating which facilitates its ejection.

It has never happened to Mr. Vincent to have a case of foreign body in the trachea. But should such a case come under his management, he states that he should not think of making an opening into the trachea, providing the body moved freely up and down within the tube. He would even reverse the present practice both in this and similar cases. He would keep the patient as quiet as possible in bed or on a sofa; advising him to avoid all effort to expectorate; and he doubts not that very soon the foreign body would be ejected.

The rule seems to be on the whole not liable to objection, if the condition specified—the mobility of the body within the trachea—be kept in mind. When the body is fixed or detained in any way, it causes inflammation and ulceration of the air tubes; and sometimes the results are fatal. Yet, even when it has caused ulceration for some time, it has happened that such a body has been at length ejected, sometimes with recovery of the patient, sometimes causing death from the injury done to the bronchi and lungs.

The practice of surgery presents to us the resources of nature of ridding parts of the presence of extraneous bodies by the means of the stimulus of relief. In cases of hemorrhage the surgeon plugs the nostrils. The efficacy of the operation depends upon the lint he uses being tightly pressed into the posterior nostrils. So it remains for a few days, and then if the surgeon withdraws it, he finds it free from all stricture; indeed, so loose, that it will perhaps discharge itself into the pharynx. The bulk of the wadding is the same as when tightly introduced; and so far from having lost any of its parts, it has acquired an addition in the thick mucus with which it is saturated. The fact is, that under the influence of the stimulus of relief, the internal nares have been quietly enlarged. A child was brought to St. Bartholomew's Hospital with a pebble in the meatus of the ear. I found it of an oblong form, and firmly wedged in. I could get the blades of a small pair of forceps to grasp it when passed over the short diameter, but I could not make it stir. Having the fear before me of doing mischief by using force, I directed the mother to bring the

child in a fortnight. She did so, and I found the pebble quite loose, so that it might be removed by only a shake of the head. The body was coated with cerumen, and of course interstitial absorption had been going on under the influence of the power of relief setting it free.

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*Cases further illustrating the Power of Arsenic over Obstinate Cutaneous Affections.* By WILLIAM I. COX, Esq., L. S. A. Kennington.—(London Lancet.)

I forward to the Lancet subjoined reports of a few cases I have selected, strongly illustrative of the great efficacy of arsenic in inveterate skin diseases; I hope they may interest some of your numerous readers; and I would earnestly recommend to such as may be attracted by the great importance of the subject, but have not yet had opportunity of testing, by personal experience, in their own practice, the value of the remedy, the perusal of Mr. Hunt's excellent work. The number of sufferers in society from these loathsome, intractable, and often torturing complaints, is far greater than might at a cursory view be imagined. Much unhappiness has its source in such a cause; and I conceive it to be the duty of any practitioner who has been so fortunate as to rescue one victim, whose case it was deemed hopeless, to bring such case in some way before the notice of his professional brethren.

PRURIGO.

Case 5.—Mr. C——, aged forty-six, of a highly nervous and irritable temperament, consulted me for a most distressing pruritus around the verge of the anus, extending also along the perinæum to the base of the scrotum, but chiefly affecting the former locality. Had tried many remedies in vain, and was now quite desponding, and worn out by the unceasing irritation. The only application from which he had ever derived the least benefit (and that but temporary) was a lotion of hydrocyanic acid. Had been latterly obliged to take opiates at night, the torment being much aggravated in the nocturnal season. The integument of the affected part was inflamed, tender, and covered with minute papulæ. There was also considerable excoriation, from manual interference, resorted to in the vain hope of allaying the insupportable irritation. There was no disorder connected with the alimentary canal. He was treated with the arsenic, in the usual dose, which proved rapidly efficacious; and in seven weeks was entirely rid of his plague.

This case is strongly demonstrative of the power of arsenic

over this horrid form of papular eruption, which often proves intractable by any other known remedy. Although, perhaps, the most interesting, this is by no means the only case of a parallel nature and intensity I have satisfactorily treated with arsenic.

SYCOSIS.

Case 6.—G. W.—, a gentleman, thirty-four years of age, consulted me some months since, having suffered severely from this distressing complaint for a period of five years. Had tried an immense number of ointments and soaps without permanent benefit. Thought he derived temporary advantage from the application of a leech under the chin occasionally. He presented a most disagreeable, not to say disgusting appearance: the chin being scabbed over. Finding his general health excellent, I prescribed him the solution of arsenite of potass, four minims to be taken in porter three times a day. One month sufficed for his cure, since which there has been no re-appearance of the pustules.

The eyes were but very slightly affected.

ACNE ROSACEA.

Case 7.—Emma B.—, aged twenty, waitress, came to me presenting a well-marked case of the above disease, from which she had suffered for two years and a half. The pustules were small, so as almost to induce a suspicion of a syphilitic origin, clustered, very acuminate, and having a rosy inflamed base, occupying the apex of the nose, together with the whole of the left ala, and a greater part of the right. There was also a large patch on the left cheek, but none in any other situation. She said they had been at first very irritating, but latterly had ceased to cause much annoyance. She was, however, extremely anxious to get rid of such a disfiguring “humour,” as she termed it. I found, on inquiry, that she had not menstruated regularly for some years, the catamenia being sometimes excessive and attended with dysmenorrhœa, but generally scanty, and with slight fluor albus. The system at large, however, did not appear to be deranged thereby, and the natural functions were well performed. But conceiving that the local inflammatory action might depend upon the uterine or ovarian derangement, I endeavored to restore the suspended function, and in course of time succeeded so far. She now menstruated regularly and normally. Still the acne was as bad as ever. I now gave her the arsenical solution in full doses, but was quickly obliged to reduce the quantity, her system proving unusually susceptible to the influence of the drug. She persisted in its use about nine weeks, and was perfectly cured.

I have transcribed the above case, chiefly from its being cor-



roborative of Mr. Hunt's opinion, (expressed in his work,) that the supposition that acne of this kind, in young females, is commonly dependent on disordered menstruation, is erroneous. That the abnormal condition of the periodic function had no influence over the cutaneous disease, in this instance, at all events, may, I think, safely be inferred, from the fact of the persistence of the latter, when the former had been restored to a healthy state.

RUPIA.

Case 8.—Emma B——, aged 11 years, was brought to me with well-marked rupia, covering both legs, the anterior aspect of both thighs, fore-arms, and wrists. The trunk was free. This poor child had suffered from the disease ever since she was two years old, (supervening on scarlatina,) and it had proved intractable in the hands of numerous surgeons. The irritation about the tubercles, which were very large in their earlier stage, was great, and as often as the scabs disappeared they were constantly succeeded by fresh eruptions. She had a universally faded, unhealthy look, and cachectic appearance, and I had strong suspicions of syphilitic taint being the foundation of her malady. I gathered, however, from her parents' account, that mercurial alteratives had been tried, again and again, to no purpose. I gave her at first, iodine with sarsaparilla, and afterwards sesqui-oxyde of iron, and the mineral acids. Finding, after several months' trial, that I could not, by the aid of these tonics, make any impression on the complaint, or cause any apparent change in the local diseased action, I exhibited the solution of the arsenite of potass, which began to show its effect in three or four weeks. Continuing its use for five months, with the occasional use of a mild aperient, the case resulted in a complete cure. When I saw her last, there was only a slight redness over the thighs and legs.

The conjunctivæ were early and somewhat severely affected.

I deem the above case one of the most satisfactory and interesting I have as yet met with.

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*Extraordinary Madness.*—(Ibid.)

Physiological pathologists have of late been as much on the alert, in France, concerning the case of a sergeant of the line, as they have been, in this country, concerning Miss Nottidge. The two cases bear, however, no analogy to each other. Religious monomania is not rare; but the derangement of mind, leading to the frightful and disgusting acts of Sergeant Bertrand, is, as far as we can remember, perfectly unique in the annals of mental alienation. His mania consisted in exhuming

the dead, and taking pleasure in mutilating the corpses; but, shocking to relate, there was an erotic tendency mixed up with these horrible deeds, and he took especial delight in raising the corpses of females, and satisfying his unnatural appetites upon their putrefying remains.

From the trial which lately took place in Paris, before a court martial, and from the confession written by himself, we learn that this unfortunate individual is twenty-five years of age. He first studied for the church, but suddenly enlisted, and, by his good conduct, obtained the rank of sergeant. When young, he was rather of a sullen and melancholy disposition, but nothing positively pointing to derangement was then observed. His hideous propensities appeared only in February, 1847, when they were excited by the sight of a grave left unfilled after interment, the diggers having been compelled to desist by a heavy shower of rain. He then struck the corpse, which he had exhumed with the tools left by the grave, with the utmost fury; and being interrupted, fled to a neighboring wood, where, according to him, he remained for three hours in a state of perfect insensibility, after having been most violently excited.

From this time to the 15th of March, 1849, this wretched man desecrated burying-places eight or ten times, both by day and night, regardless of the severity of the weather, the dangers he was encountering on the part of the keepers, and the difficulties he had to surmount. By the aid of his small sword, he used to raise eight or ten corpses in a single night; and he adds that he opened many graves, and refilled them again, with no assistance but his hands. He had not the courage of telling the whole truth in his written declaration; but he confessed to his medical attendant, M. Marchal, (de Calvi,) the most repulsive part of this awful tale—viz., his preference for the remains of females, and his hideous propensity of satisfying sexual desires upon them. He was wounded when getting over the wall of the cemetery of Monte Parnasse, in Paris, brought to the hospital, and thus was unveiled this unheard-of train of disgusting acts.

The court-martial have not taken that view of the case which at first sight would have looked the most rational; and waiving altogether the possibility of monomania having impelled the man to these hideous deeds, they looked upon the offence as a misdemeanor, and condemned him to one year's imprisonment.

Different opinions have been given in the medical journals as to which of the two kinds of mania exhibited was the first in existence—viz., the destructive, or the erotic. M. Marchal, the sergeant's medical attendant, thinks the destructive prevailed: but M. Michea, a well-known mental pathologist, maintains that the second was, on the contrary, the strongest and only

mania. The various circumstances mentioned by each of these gentlemen, to strengthen their respective positions, merely rest on the prisoner's own declaration; so that it would appear that no very strong case can be made on either side. Indeed, the whole series of these shocking occurrences might well be called in question, as it seems that no direct and conclusive evidence has been brought forward besides the man's own account. But assuming the latter as true, the existence of monomania can hardly be doubted, when we consider that a natural instinct was entirely set aside, that there was not the slightest prospect of gain, that the wish of visiting churchyards returned almost periodically, that the dangers incurred were entirely disregarded, that none of the vices which generally accompany depravity were present, &c. There was, besides, a melancholy disposition, a total insensibility to the agency of physical agents, (such as cold, rain, &c.,) during the paroxysm, and an extraordinary amount of muscular and nervous energy in the accomplishment of the acts, &c. All these considerations would tend to prove that this man was irresistibly impelled to such unheard-of abominations.

This disgusting case recalls at once that form of mental aberration which reigned so extensively, about a century and a half ago, in the north of Europe, and known under the name of vampirism. It will be recollected that vampires were suffering under a sort of nocturnal delirium, which was often extended to the waking hours, during which they believed that certain dead persons were rising from their graves to come and draw their blood; hence arose a desire for revenge, and burial-places were disgracefully desecrated. Bertrand's case seems the very reverse of this; for we here see, not the dead rising to torment the living, but a man disturbing the peace of cemeteries in the most horrible manner imaginable.

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*On the Treatment of Eczema of the Scalp of Children, and of the Legs of adults.* By T. H. BURGESS, M. D.—(London Medical Gazette.)

As eczema is a constitutional and a local affection, it is obvious that the treatment should be principally directed through the system generally to the seat of the disease. In the chronic form of the eruption this is especially the case; and here the first indication, after the usual measures of cleanliness have been adopted, is to restore the tone of the system by means of a course of mild tonics and alteratives. When circumstances are favorable, and the proper time arrives for arresting the discharge, it should be effected in as gentle a manner as possi-



ble, so as not to derange the internal organs; and for this purpose I prefer mild alkaline lotions of the carbonate or bicarbonate of potass, and the frequent use of the simple or emolient bath, in which the patient, unless very feeble, should remain at least one hour; the usual method of keeping the patient in twenty minutes or half an hour, being useless.

If there is abundant serous exudation, and much smarting in the parts, half a drachm of sulphuric acid in a pint of barley-water will be found very useful. The patient should commence with small doses, and take a little cold water after each dose, until the stomach becomes accustomed to the acidulated drink. If the discharge continues undiminished, and the eruption does not appear to be affected by those remedies, we must have recourse to alteratives, as sarsaparilla and hydriodate of potash, to active purgatives, if the patient is strong, added to lotions of the nitrate of silver, or of the bichloride of mercury. If there is any inflammatory tendency in the parts, the application of a few leeches behind the ears will be necessary.

*Chronic eczema of the legs*, in adults and especially when the patients are of a debilitated or broken down constitution, are generally very difficult and unsatisfactory cases to deal with. The practitioner seldom sees the case until the disease is so fully established, and, as it were, engrafted on the limb, that the habitual condition of the parts seems to be that of subacute erysipelas, with puffiness of the ankles, and a swollen if not varicose state of the veins; all denoting a sluggish or impeded circulation in the extremity. This state of things not infrequently terminates in that form of indolent ulcer of the legs so familiar to practitioners, and so difficult of cure.

For cases of this description I have found the application of the vapors of sulphur and iodine, in combination, the most certain and effectual remedy, when assisted, during the interim of the applications, by bandaging the limb from the foot upwards.

My attention was directed several years ago, by Mr. Alfred Walker, to a preparation of sulphur and iodine, the vapor of which is an admirable local application in several cutaneous diseases. At that period I witnessed its marked benefit in many cases of chronic ulcer, under Mr. Walker's care. These remedies combined seem to possess healing properties which are not manifested when they are used separately. When employed judiciously, and in appropriate cases, they appear to alter the vitality of the morbid parts, and to induce a state of healthier action. If the eruption is indolent they gently stimulate the diseased surface into greater activity; and by regulating the strength of the remedy, according to the nature of the case, and the object in view, the most salutary effects may often be de-

rived from its use. I have seen cases of lepra of several years' standing, which had resisted every other treatment, cured in a very few months by the application of the vapor of sulphur and iodine. It is particularly applicable to squamous and tubercular diseases of the extremity, to chronic eczema, and ill-conditioned ulcers of long standing. It may be administered in this form— $\mathcal{R}$ . Sulphuris,  $\mathfrak{z}$  iij. ; hyd. sulph. rubri.  $\mathfrak{z}$  ij. ; iodinii, gr. x.  $\mathcal{M}$ . fiat pulv. sex.

One of the powders to be used in the following manner three times a day. If the disease be seated on the limbs, a tin case or even a common jar, which will answer as well, provided it be large enough to hold the limb, should be procured ; a heated iron is to be placed at the bottom of the apparatus, with a grating above it to protect the foot or hand. One of the powders being placed on this heated iron, the limb is to be instantly put into the bath, the mouth of which should be covered over to prevent the vapor from escaping. The limb may be continued in the bath for from fifteen to twenty minutes, according to circumstances. In the course of a day or two the proportion of iodine may be increased ; for example, thirty grains of iodine, and at a later period double the quantity, may be incorporated with an ounce and a half of the flowers of sulphur, to be divided into twelve powders, and used in the same manner as the former. I do not mean to extol this agent as a specific for the cutaneous eruptions indicated above ; nevertheless, from what I observed both in Mr. Walker's practice, with reference to ulcers, and in my own with regard to skin diseases, I think it is worthy the attention of practioners, and that it will be found a very efficacious remedy.

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*Needle found in the Heart after Death.* Reported by JOHN NEILL, M. D., Demonstrator of Anatomy, in the University of Pennsylvania.—(Medical Examiner.)

Upon the dissection of a black male subject, brought into the anatomical room about the middle of December, my attention was directed by a student to a foreign body in the heart. At first, I supposed that it might have been introduced after death, accidentally dropping into the cavity of the pericardium, during the process of stitching after injection ; but upon more careful examination of the surface of the heart, no orifice was detected by which it could have entered. I removed the heart and placed it in alcohol, in order to examine it with care.

The pathological condition of the contiguous viscera could not be made out very satisfactorily, on account of the length of the period which had elapsed since death, and from the fact,

that an antiseptic injection (chlor. of zinc) had been used, which destroys colour, and coagulates albumen: there were, however, marks of chronic disease evident, in adhesions of the pleura and serous pericardium; there was also evidence of peritoneal inflammation.

After the heart had been hardened in alcohol, and cleanly washed of clots, I found imbedded in the external wall of the left ventricle, a broken needle, with its point directed forwards towards the apex of the heart; it was much oxidized, and could not be moved from its position, until the cyst containing it was split up. The broken end encroached upon the cavity of the ventricle, being actually contained in one of the columnæ carneæ; the needle was two inches in length, and a line in thickness, belonging to a variety called *worsted needles*.

In the Medical Examiner for May, 1843, Dr. Leaming reports the case of a seamstress, who had accidentally driven a needle, which was sticking in her dress, forcibly into her breast, by striking a table. In a month she had pleurisy, and subsequently pericarditis and pneumonia, and at the end of nine months she died. The post-mortem examination revealed lesions, corresponding with the symptoms; the body of the needle was found imbedded partly in the wall of the right ventricle, and partly in the ventricular septum, whilst the point projected for a quarter of an inch into the cavity of the left ventricle.

In the summary of the American Medical Journal, a case is copied from the Archives Générales, 1842, in which a soldier introduced two needles into his heart, and was brought screaming into the hospital at St. Petersburg: he had a hard, quick pulse; anxious countenance; copious perspiration; distressing cough, and tumultuous action of the heart; in nineteen days he died; and upon examination after death, it was discovered that the needles had passed through the heart, and lodged in the lower part of the left lung, where they were found in an abscess. The whole track was easily recognized by the marks of inflammation.

In the Annalist for November, 1847, Dr. Graves records a case of attempted suicide. A man pushed a needle into his heart, expecting instant death, as in the instance of Admiral Villeneuve, after the battle of Trafalgar; but being disappointed in the immediate effect, he undertook to cut his throat, which also failed; the vessels having been secured, and the wound dressed by his medical attendant. After reaction had taken place, he had great suffering, every breath being attended with a scream; the physician discovered the puncture made in the skin by the needle, and dissected through the intervening structures, until he "could distinctly see the heart pulsating with the needle in it." "With the aid of a pair of forceps, I



extracted the needle, and it was followed with a forcible stream of blood." "He continued to improve up to the sixth day, when he was attacked with pleuritic pains, and inability to swallow: and died on the eighth day after the needle was taken from the heart. *Post-mortem*.—"On opening into the left ventricle, where the needle entered the cavity, there was a small membranous sac, about the size of a pea, formed in the left ventricle, which contained pus."

NOTE.—I learn, through the politeness of Dr. Klapp, physician to the Moyamensing prison, that this man was admitted May 11th, 1847, in rather feeble health; but continued to work for more than a year before complaining of any inconvenience about his chest. When removed to the infirmary, he had severe cough, with some slight constriction in breathing, and occasional palpitation. These symptoms, though never very urgent, continued until his death. Though never delirious, and able to answer questions to the last, he never spoke of having received any injury of the kind, and had never manifested any suicidal tendency.

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### PART III.

#### Monthly Periscope.

*On the Operation of Phymosis.* By W. COLLES, Esq., Surgeon to Stevens' Hospital, Dublin, &c.—[After alluding to the various operations for phymosis, all of which are in his opinion more or less objectionable, Mr. Colles says:]

I have been in the habit, for some time, of removing the deformity by a simple and very effectual operation. I seize the edge of the prepuce, at its fold forming the narrow band, in the left hand, and holding the scalpel in the right, and at right angles with the penis, I remove a circular portion of skin, about a quarter of an inch wide. The outer fold of skin, being loose, is then drawn back on the penis, leaving the glans covered by the inner and tighter fold. I then divide this layer about half way back, more or less, slitting it up exactly in the centre, by passing a sharp-pointed bistoury under it. We have now the outer fold of skin loose, with a large circular orifice; the inner, or more contracted portion, presenting also an orifice, but larger by double the perpendicular incision, which forms two angular flaps. I then turn these flaps outwards, and by a suture attach each angle to the edge of the external skin, at about a quarter of its circumference from the frænum; a slight suture at the frænum completes the operation. I then draw all forward so as to cover the glans. In two or three days I remove the sutures, and generally find the wound healed, leaving a

covering for the glans, differing in no respect from the natural and perfect prepuce; and in some cases it would be difficult to know that any operation had been performed, or that any had been required, on this part.—[*Dublin Quarterly Journal*.]

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*Use of Chloroform in Tooth-ache*.—Mr. Tomes, in his Lectures on Dental Physiology and Surgery, recommends chloroform to be applied on a little cotton wool to the tooth in order to remove the pain. The best form for application is made by dissolving a little gum mastic in the chloroform, whereby the fluid is thickened; and, when put into the tooth with cotton wool, will remain there a long time, and keep up its sedative influence: whereas, if the chloroform be used alone, it will be soon washed away by the saliva, and its effect lost. [*Medical Times*.]

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*Use of Chloroform in Hiccup*.—In the case of a gentleman, forty-six years of age, of weak constitution, and highly nervous temperament, M. Latour employed chloroform during a very severe attack, which had lasted three hours, the convulsions of the diaphragm occurring at intervals of six or eight seconds. A bottle containing chloroform was applied to the nostrils, and removed after a few inspirations. At the first removal, a temporary cessation was produced, and three applications of the chloroform bottle entirely put a stop to the paroxysm.

[*L'Union Médicale*. *London Journ. of Med.*]

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*Hint on Sounding*. By SAMUEL SOLLY, Esq., F. R. S., &c.—When you sound for stone, use rather a short and straight instrument at first. Introduce it very slowly and cautiously, so that the point of the instrument sinks into the post-prostatic fossa, in which the stone is generally situated. If you do so, you will generally strike the stone at once; but if you sweep a sound, with a good full curve, into the bladder rapidly, you carry your instrument over the stone, and you may turn the point of it all round the bladder in vain.—[*Med. Gazette*.]

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*Hint on the Diet after Lithotomy*. By BRANSBY COOPER, Esq., F. R. S., &c.—Patients should not be kept on spare diet after the operation of lithotomy, nor, indeed, after any severe ordeal of the kind. It should always be remembered that you cannot diminish constitutional power without increasing irritability; and that, consequently, support is generally requisite, and should be early prescribed.

I am sure that one of the greatest modern improvements in the treatment of patients who have undergone surgical operations is with respect to the better diet that is early advised: and hence, I believe, arises the greater comparative success of operations in this than in any other country.—[*Ibid*.]

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*Incontinence of Urine after Lithotomy*. By SAMUEL SOLLY, Esq., F. R. S., &c.—[In a clinical lecture upon urinary diseases, Mr. Solly, speaking of incontinence of urine after lithotomy, observed:]

For this symptom which is not a common consequence of lithotomy in the male, I have prescribed the extractum nucis vomicæ, having found it very useful in cases of incontinence from other causes. Many of you will, I think, remember a case that I had in Lazarus Ward, about six months ago, where the patient, about twenty years of age, wetted his bed every night. This man got perfectly well under this medicine. I had a similar case in private practice just about the same time equally successful. I give very small doses at first, gradually increasing them. Kain took the 8th of a grain three times a day; he is now taking a grain, and he is improving, though slowly. He can retain his water much better than he could a week ago.—[*Ibid.*

*Chloroform in Operations.*—The use of chloroform in operations is not contra-indicated by any state of the patient as to age or constitution, nor by any disease which does not itself forbid the operation. In administering chloroform, always use an inhaler, and watch carefully the effects produced: and do not seek to produce insensibility in less time than two or three minutes. When the margin of the eyelid can be touched without causing contraction of the orbicularis muscle, or even when it causes but slight contraction, any operation can be performed without pain. At this time, as the effects of chloroform continue to increase for a few seconds after the inhalation is discontinued, it is advisable to intermit the vapour for a few inspirations, or to dilute it with more air, so as not to carry the insensibility too far. When the operation is over, do not disturb the patient prematurely, but await the complete return of consciousness. (Dr. J. Snow, p. 338.)

[*Braithwaite's Retrospect.*

[We object to all inhalers in using chloroform. Mr. Snow, however, employs an immense balloon containing a measured quantity of the article largely diluted with atmospheric air.]—EDT.

*Prevention of Contagion.*—To preserve the hands or any part of them from the contact of contagious matter in dissection, post-mortem examinations, or midwifery practice, apply collodion. (Mr. E. Wilson, p. 318, Mr. J. Startin, p. 320.)

A better application than collodion is, the compound solution of caoutchouc and gutta percha; made by adding a drachm of gutta percha to an ounce of benzole, and also ten grains of India-rubber to an ounce of the same fluid, dissolving by a gentle heat, and then mixing the solutions. (Mr. W. Action, p. 208.)—[*Ibid.*

*Orchitis, acute.*—Use active antiphlogistic treatment. Thus, in persons of plethoric habit, bleed from the arm; in others, in addition to the application of leeches to the affected organs, cup from the loins to about eight ounces. Give also a pill containing a grain and a half of calomel, one-third of a grain of tartarized antimony, and half a grain of opium; and the following mixture: R. Magn. sulph. ℥ij.; liq. ammon. acet. ʒi.; liq. antim. tart. ʒiiss.; tinct. hyosey. ʒiiss.; aq. menth. ʒvij. M. Capt. ʒi. 3tis horis donec alvus bene responderit.



Keep the patient on low diet, and in the recumbent position. And as a local application use a lotion containing a drachm and a half of muriate of ammonia, two ounces each of rectified spirit and liq. ammon. acet., and four ounces of water. If the inflammation does not abate, open the congested vessels of the scrotum, and promote bleeding from them by warm fomentations. If enlargement and harshness of the testicle remain after the subsidence of the inflammatory symptoms, apply strips of lint spread with the following ointment: R. Ung. hydrarg.; cerat. saponis, aa. ℥ij.; camphoræ, gr. v. M.; and over this, apply adhesive plaster, so as to make considerable pressure. Do not, however, use pressure in the early and acute stage.—[*Ibid.*]

*Leeching in Dysmenorrhœa.*—Prof. Annan concludes a very sensible article on Dysmenorrhœa, with the following reflections:

“Leeching of the os and cervix uteri then, I regard as the *sine qua non*, the indispensable remedy, in all inveterate cases of dysmenorrhœa. I believe it is required in the delicate, feeble, and nervous, along with the tonic plan of general treatment, quite as much as in those of the opposite state of the system. Indeed without local depletion from the affected organ, I do not think the worst cases admit of cure. Scarification has been substituted where leeches cannot be procured. Seven or eight superficial, crucial incisions, may be made with a thumb lancet fastened to a slender stick, around the os uteri. It is a poor substitute.

“Total abstinence from sexual intercourse, amongst the married, is absolutely necessary in the worst varieties of this disease. Moderation should be enjoined in all cases. I have known it follow marriage, and resist all treatment (leeching was not tried) until the death of the husband, when the lady was immediately restored to health without treatment.”—[*Transylvania Med. Jour.*, from *Western Lancet*.]

*Praiseworthy among Physicians.*—Intelligence having been received that cholera was raging with frightful mortality in Sandusky city, and that the inhabitants were without medical aid, the resident physicians having fled in terror, Drs. Strader, Foote, Stevens, Banks, Johnson, Caroland, and Hughes, Quinn and Cheltree—physicians’ students—of this city, immediately repaired to that place for the purpose of rendering all the assistance in their power. Such disinterested benevolence deserves the highest commendation; and we are proud of a profession that will thus risk health and life in the discharge of a vicarious duty, prompted by the cries of a strange community for medical aid.

We trust it may prove untrue that the resident physicians fled; but if true, a just condemnation awaits them.—[*Western Lancet*.]

*Effects of Quinine.* By E. D. FENNER, M. D., of New Orleans.—This interesting case is worthy of special attention. It displays in a striking manner the wonderful powers of quinine; but candor compels me to say, it shows also that I did not avail myself and my patient of

the full extent of these powers. One dose of 30 grains, given on the first day, almost extinguished the fever. Very probably another such a dose on the following morning would have done the work completely; but, as the most of inexperienced persons would have supposed, from the appearance of the patient, I thought it could be dispensed with. The consequence was, that the fever was gradually rekindled, and on the 6th day had become so high, that I had to resort to another bold dose, combined with opium, to arrest it. This did master it, but left the patient in a singular nervous condition. As strange as it may appear to those who never witnessed it, I am convinced that 30 grs. of the sulph. quinine, with 30 drops tr. opii., or two grs. of opium, given during the exacerbation, will, in perhaps nine cases of ten, put down a fever like pouring water upon fire. But this is not always all that is to be done. A good dose of calomel (15 to 20 grs.), may now be required to emulge the liver freely, and to act upon the other secreting organs; and then one or two liberal doses more of quinine, to prevent the recurrence of fever.—[*New Orleans Med. and Surg. Jour.*

*A Case of Hydrocephalus, with Hypertrophy of the walls of the Cranium.* By T. W. MASON, M. D., of Wetumpka, Ala.—Black Male, æt. 12 years; Autopsy ten hours after death. The following table shows the thickness of the bones that were divided in the examination:

Frontal, . . .	$1\frac{1}{8}$ inches.
Occipital, . . .	$1\frac{3}{8}$ “
Parietal, . . .	1 “
Temporal, . . .	$\frac{1}{2}$ “

The cellular structure forming the middle table of the cranial wall seemed to be filled with coagulated blood; the internal table was entirely destroyed in some places; the impressions made by the blood-vessels were much larger than usual.

Meninges of the brain were so closely adhered, that they could not be separated. Cerebrum of natural consistence, preternaturally white; indeed, it was entirely exsanguineous. The amount of effused serum was not as great as we expected to find, although it was considerable. The ventricles were much enlarged by the effusion. Cerebellum was found preternaturally soft, and also of a much lighter color than usual.

REMARKS.—We have been unable to obtain any thing like a satisfactory history of the case; we can therefore only furnish the following imperfect items: The boy's head commenced enlarging, when he was four years old; he then was attacked with, what his mother termed, “fainty fits,” and his mind was seriously affected. He, however, gradually recovered his lost faculties, and retained them till his death.

When we saw the case, which was a few weeks before death, it presented the following symptoms: eyes much projected and pupils dilated; diarrhœa and occasional vomiting; he complained almost constantly of a dull aching about the head, but no acute pain; face, hands, and feet would frequently swell toward evening and go down by morning; pulse usually about 120, weak and wiry; skin warm

and dry; the "fainty fits" continued to increase, in frequency and severity, as the fatal issue approached.—[*Ibid.*]

*Treatment of Gout and Rheumatism by Anodynes.*—To the Editor of the London Lancet: SIR,—For some years past I have conceived both gout and rheumatism to be altogether neuralgic affections; and under this impression I have for a considerable time treated all cases of this kind that have come under my care chiefly by anodynes, topically applied; and the results of this practice have in no degree disappointed my expectations.

In rheumatic fever—which, I think, may be fairly considered as sympathetic of many co-existing local irritations—I content myself—and generally my patients too—with clearing out the *primæ faciæ*, and applying lint, dipped in strong solution of opium, or of belladonna, to the seats of pain, covering the wetted lint with oiled silk, that the soothing effects of warmth and moisture may at the same time be attained. And I have found the febrile state, the local irritations being subdued, easily controlled by the acetate liquor of ammonia, combined with tincture of hyoscyamus and nitrate of potash.

In gout, unquestionably, the constitutional state must be more particularly attended to especially as far as regards the prophylaxis; and in young and robust people, where rheumatism occasionally attacks the heart, I yet think it sometimes necessary to bleed from the arm. That, however, in these cases, we might not often, if not always, trust to narcotics, I am by no means well assured.

I am, sir, yours respectfully,

JOHN COOPER, F. R. C. S. E., &c.

*On the employment of Collodion in Ophthalmic Affections.* By M. HAIRION.—To be enabled to protect the inflamed cornea from the contact with the air, prevent the movement of the eyelids over its surface, and retain topical applications long in contact with it, are objects which, if realized, would much diminish the severity of keratitis and conjunctivitis. Attempts at accomplishing these ends by the use of court plaster and the like had failed in the author's hands, when collodion offered itself to his notice. He usually applies it to the eyelids of one eye, and afterwards, if both eyes are diseased, to the other; but circumstances may render its simultaneous use necessary. The adhesion never lasts longer than forty-eight hours; frequently not so long, and has to be reaccomplished. The discharges from the eye usually work out a small passage, or a little space may be left at the angle of the eye, without interfering with immovability. This often forms an admirable means either of securing rest and darkness for the inflamed conjunctiva or cornea, or of enabling us to make effectual application of various ointments to the ocular surface. Then again, in the various perverted conditions of the eyelids, as in trichiasis, distichiasis, entropion, ectropion, &c., the ease with which, by collodion, the desired rectification can be secured, renders it a most valuable palliative and even curative agent.—[*L'Union Médicale*, from *British and Foreign Medico-Chirurg. Rev.*]



*The Mechanical Leech* of MM. ALEXANDER & Co., of Paris.—This apparatus consists essentially of two parts—an instrument for puncturing the skin, and another for promoting the flow of blood by removing atmospheric pressure from the punctured part. The puncture is effected by a lancet, the blade of which has the form of the cutting apparatus of the leech. This lancet is fixed in the mouth of a tube, and projects about the eighth of an inch beyond the edge of the tube, in which position it is secured by a catch. Attached to the opposite end of the tube, by a piece of vulcanized india-rubber, which acts as a spring, is a piston, which is pressed down by a rod, and, on removing the pressure, is drawn back by the India-rubber spring. The piston being pressed down, the open end of the tube in which the lancet is fixed, is placed over the part to be punctured: the pressure is now removed when the piston is drawn back by the spring, and exhausting the air within the tube, the skin is forced up into the mouth of the tube. On loosening the lever, by which the lancet has been elevated, the latter is drawn down by a spring, also of vulcanized India-rubber, so as to effect the puncture. The cutting instrument is now removed, and a glass tube with a piston, similar to that already described, is placed over the puncture, the air within being exhausted so that the tube adheres to the part, and the blood flows freely into it. Half a dozen or a dozen tubes, each of which would draw as much blood as a large leech, might be thus attached in two or three minutes. The apparatus, consisting of a cutting instrument and six or twelve suction tubes, together with sundry implements for cleaning the lancet and tubes after use, are contained in a small case. It is very neatly got up, and we understand from those who have used it, is very efficient. The idea, however, is not new: so long ago as the year 1813, the silver medal was awarded at the Society of Arts to Mr. J. Whitford, of St. Bartholomew's Hospital, for the invention of a somewhat similar apparatus for the same purpose. In Mr. Whitford's apparatus the exhaustion was effected by a syringe, which was found to be inconvenient. The use of vulcanized India-rubber springs, attached to the pistons, by which efficient suction tubes are economically formed, is a great improvement in MM. Alexander's apparatus.—[*Lond. Med. Journal*, from *Pharm. Journal*.]

*Cincinnati Homœopathy, under Allopathic Treatment.*—The following candid and fearless *expose* of Homœopathic knavery, as practised by the apostles of that system in Cincinnati, is taken from the columns of the "Methodist Expositor," of that city. It is from the pen of its talented Editor, Dr. Latta, who has in this communication done essential service to the cause of humanity, and for the bold stand he has taken against that species of quackery, deserves the thanks of the entire profession. It will be read with the deepest interest.

"*Similia Similibus curantur*:" that which will produce the disease will cure it, is the great fundamental principle upon which the system is founded. Had they acted in harmony with this pretension, they would have given to their cholera patients something which would

have produced purging and vomiting, such as ipicac, tartar emetic, etc. But alas, instead of this we find them employing camphor, and that too in larger doses than it is administered by most of their allopathic neighbors. But who, we ask, ever heard that camphor was emetic and cathartic.

The infinitesimal doses, as well as the fundamental principle, according to the showing of Drs. Pulte and Ehrmann, have been abandoned, and yet they ascribe their cures to homœopathy. We doubt whether they will succeed in gulling the intelligent in the community much longer by a system of quackery so palpably absurd—so grossly immoral. We have no doubt that camphor, administered in ten or twenty grain doses, would secure a reasonable share of success, whether employed by homœopathic or allopathic practitioners. It is known to the community, that regular physicians have always relied upon the use of camphor in this disease to a great extent, in much smaller doses than those prescribed by the Homœopathists, and hence if the latter have been successful, it is obviously, (if their own statements can be relied upon) by the use of allopathic remedies, and not by infinitesimal doses of medicines, as they would have it understood. These gentlemen seem to have abandoned Hahnemann's theory, "that the hair of the dog would cure the bite."

It is grossly immoral, we think, to practice such a deception upon the community. We have long believed that homœopathic doctors were practicing allopathy in disguise—employing the "samspons" of the system, such as calomel, corrosive sublimate, arsenic, camphor, belladonna, pulsatilla, and many other powerful articles, in full doses—but now we have proof which sets the question forever at rest.

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*Sub-carbonate of Iron and Sulphur in Fever and Ague.* By MAJOR R. LACHLAN, of Montreal.—Although not a professional man, I am encouraged to crave a small space in the liberal columns of your valuable journal, to put to the test the pretensions of a medicine, stated to be an infallible cure for *fever* and *ague*, which has been in my possession upwards of twelve years, but has only lately been analyzed for me by our scientific friend, Mr. Hunt, chemist to the geological survey.

To account for my having as yet been unable to vouch for the effects of the medicine alluded to, I may observe that, having only three doses or powders in my possession, and that number being deemed necessary to produce a cure, I was unwilling to make use of them before being analysed, and that in the mean time they had been mislaid, until my arrival in Montreal.

It may be proper to add that the powders were given to me by a highly respectable and intelligent, as well as educated, friend in Devonshire, (now no more,) accompanied by a memorandum of instructions, &c., of which the following are the particulars:—

"One of the powders to be taken an hour before the ague fit comes on, in a glass of mountain or other generous *white* wine. If white wine cannot be had, try sugar and water, but do not use *red* wine.

*Three powders are a certain CURE ; and I understand it is also a preventive. Besides a lady and gentleman of my acquaintance who were benefitted by it, more than TWO HUNDRED men were cured in the French Prison, (at Dartmore,) one with four doses, who had had the ague four years ; and I myself cured a private soldier and an officer."*

It is only necessary to add, that according to the memorandum of the analysis of the powder furnished by Mr. Hunt, "the fever and ague medicine is an intimate mixture of sulphur and peroxide of iron, (the carbonate of iron of the druggists,) and consists of nine parts of the former and one of the latter;" and that Mr. H. inadvertently omitted to ascertain the weight of the powder before analysis, but judged it to be from half a scruple to forty grains, and that on my weighing the only remaining powder in my possession I found it to be between 44 and 45 grains.

How far this very simple compound possesses the powerful virtues attributed to it, rests with the medical profession to decide, and more particularly with those members who reside in parts of Upper Canada where the distressing and debilitating disease in question is most prevalent, and where such a medicine would prove invaluable.

I might perhaps have been permitted to make this communication over an anonymous signature, but I prefer attaching my real name to it, as the best evidence of the credit I am disposed to attach to the statements in favor of the power of the medicine.—[*British American Journ. of Med. and Phys. Science.*

*Homœopathic Victim.*—The Countess of Blessington, whose misfortunes drove her from Great Britain, died very lately in Paris of apoplexy. The unfortunate lady was chiefly under the guidance of the homœopathic quacks, and Mr. Simon, a homœopathic doctor, was summoned to her *assistance* (?) in her fatal illness. The quack stood by her bedside, and pronounced her disease to be apoplexy ! For this malady, of course, homœopathy had no remedy, no treatment.

Such events bring this absurd form of quackery to the true and severe test. All must see the perfect impotency of an infinitesimal within the cerebrum ! What can a globule do with a clot of blood among the fibres of the brain ? Occurrences of this kind ought to prove a lesson and a warning to our nobility. Such cases as those of Sir Francis Burdett ; Lady Denbigh, who died of uterine hemorrhage, homœopathically ; and the present case of Lady Blessington, speak louder against the fashionable quackeries than any homily of orthodox medicine.—[*Lancet.*

*Iodine Injections for Fistula.*—M. Ameuille lately mentioned, at a meeting of the Société Médico-Pratique of Paris, that he had succeeded in completely curing very refractory fistulæ of the groin and axilla, by injecting into them, for a few days, a mixture of ten parts of tincture of iodine to fifty of distilled water. The mixture should neither be decanted nor filtered, but well stirred before use. The pain resulting from the injection may be mitigated by a poultice, and the



patient be allowed to rest for a while. In some cases slight compression must be used besides the injection.—[*London Lancet*.]

*Compression of the Carotids in Hemorrhage after Tonsillotomy.* By M. GENSOUL.—In a case in which death was imminent, M. G. made pressure on both carotids, and particularly on the side whence the blood chiefly issued. The flow ceased. The compression being kept up for half an hour, the bleeding did not recur. Since then, he has always successfully adopted this plan, whenever the hæmorrhage seemed too free, after removing the tonsils. It is applicable to all troublesome hæmorrhages about the face and mouth, epistaxis, and neuralgia of the face.—[*Rev. Med. Chir.*, from *Wood's Retrospect*.]

*Remedy for Baldness.* By Dr. NELIGAN.—As a remedy for baldness which follows herpes or pityriasis, Dr. Neligan recommends the following pomade, from which he has found great benefit. Prepared lard, two ounces; white wax, two drachms; melt together, remove from the fire, and when the mixture is beginning to thicken, add, with constant stirring, balsam of tolu, two fluid drachms, and oil of rosemary, twenty minims. In very chronic cases, or where the baldness has long existed, a drachm of tincture of cantharides may be added.

[*Medical Gazette*.]

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## MEDICAL INTELLIGENCE.

*The future Editor of the Southern Medical and Surgical Journal.*—We are gratified to state that Dr. I. P. GARVIN has consented to take charge of this Journal after the present volume shall have been completed. One No. after this one, and the new Editor will enter upon his duties. We congratulate our readers in being able to secure so competent a gentleman to conduct the work. It will be recollected that Dr. G. was associated as co-editor, a year or two ago; and the friends of southern medical literature will, we hope, take new courage to sustain him in his labor for them.

*The Health of our City—Prospects of our College.*—We believe Augusta is the only city in our country, where a Medical College exists, not visited by an epidemic during the past six months.

The duties of our Medical College will commence on Monday, the 5th of November, at 12 M., by the delivery of a public Introductory, and the regular exercises resumed the next morning at 9 A. M. The indications are favorable for a good class the coming session.

*The Committee on the Adulteration and Sophistication of Drugs, &c.*—The following letter was received in the early part of this month, (October,) and we addressed Dr. Tufts, of Savannah, on the subject, but have received no reply from him. We shall be greatly obliged for suggestions, facts, &c., from gentlemen of the profession within the State, bearing upon the subject of this communication.

TO PAUL F. EVE, M. D.

Dear Sir,—At the last annual meeting of the American Medical Association, a resolution was adopted ordering that a Committee of two persons from each State and Territory should be appointed, "*whose duty it shall be to note all facts that come to their knowledge, with regard to the Adulteration and Sophistication of Drugs, Medicines, Chemicals, &c., and to report them through the Chairman at the next Annual Meeting.*" In a communication which I have had the honor to receive from the President of the Association, I am requested to inform you and Dr. J. B. Tufts, of Savannah, that you have been appointed the delegates from the State of Georgia.

The subjects confided to the Committee, as I am informed by the President, were deemed of great importance to the Association, and it was evidently the wish of its members, that the most extensive inquiries should be made, in every section of the country: I have to ask, therefore, on behalf of the Association, that you will take an active part in these investigations, especially so far as your State may be concerned, and that, at your earliest convenience, you will be so good as to communicate to me, whatever facts you may possess, with such suggestions as you may think proper to make.

I have the honor to be, &c.

R. M. HUSTON, Chairman.

Com. on Adulteration, &c. of Drugs, of the Am. Med. Association.

Philadelphia, Sept. 15th, 1849.

METEOROLOGICAL OBSERVATIONS, for September, 1849, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 152 feet.

SEP.	Sun Rise.		2, P. M.		WIND.	REMARKS.
	THER.	BAR.	THER.	BAR.		
1	75	29 66-100	88	29 62-100	N. E.	Cloudy—blow all night.
2	69	" 80-100	79	" 83-100	N. E.	Cloudy—blow continues.
3	69	" 86-100	80	" 86 100	N. E.	Cloudy—blows occasionally.
4	72	" 86-100	79	" 86-100	N. E.	Cloudy—blow continues.
5	68	" 86-100	84	" 84-100	N.	Cloudy—blow continues.
6	65	" 81-100	89	" 70-100	W.	Fair.
7	68	" 67-100	92	" 72-100	W.	Fair—breeze.
8	66	" 90-100	84	" 94-100	N. E.	Fair—blow.
9	64	30 4-100	84	30 5-100	N. E.	Fair—breeze.
10	62	30 6-100	82	30 4-100	N. E.	Fair—blow.
11	63	30 4-100	82	30	N. E.	Fair—blow.
12	66	29 92-100	74	29 86-100	N. U.	Cl'dy—gale 14 hours--sprinkle.
13	69	" 87-100	78	" 90-100	N. E.	Cloudy—blow.
14	71	" 95-100	80	" 97-100	N. E.	Cloudy—blow.
15	71	" 98-100	88	" 94-100	E.	Fair.
16	66	" 95-100	90	" 95-100	E.	Fair.
17	65	" 92-100	88	" 86-100	S.	Fair—some clouds.
18	64	" 83-100	91	" 79-100	N. E.	Fair—breeze.
19	73	" 73-100	85	" 68-100	N.	Somewhat cloudy—dry gale.
20	67	" 68-100	88	" 60-100	N. W.	Fair—blow continues.
21	67	" 74-100	89	" 73-100	E.	Fair—some floating clouds.
22	70	" 73-100	84	" 60-100	W.	Cloudy—thunder—breeze.
23	69	" 63-100	87	" 58-100	N. W.	Fair—breeze.
24	58	" 75-100	80	" 76-100	N. W.	Fair—splendid day, but dusty.
25	51	" 75-100	82	" 75-100	N. W.	Fair—splendid day, but dusty.
26	56	" 70-100	85	" 69-100	W.	Fair—breeze.
27	59	" 74-100	85	" 79-100	N. E.	Fair—breeze.
28	60	" 93-100	89	" 94-100	E.	Fair.
29	67	" 94-100	86	" 81-100	S.	Cloudy afternoon—rain 25-100.
30	70	" 67-100	78	" 50-100	S. W.	Showery 10-100.

18 Fair days. Quantity of Rain 35-100. Wind East of N. and S. 17 days. West of do. do. 9 days.

# SOUTHERN MEDICAL AND SURGICAL JOURNAL.

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## PART FIRST.

### Original Communications.

#### ARTICLE XXXVIII.

*An account of the first use of Sulphuric Ether by Inhalation as an Anæsthetic in Surgical Operations.* By C. W. LONG, M. D., of Jefferson, Jackson Co., Georgia.

For nearly three years, the various medical journals have contained numerous articles on the employment of Sulphuric Ether by Inhalation, for the purpose of rendering patients insensible to pain during surgical operations.

The first notice I saw of the use of ether, or rather of Dr. Morton's "Letheon," as an anæsthetic, was in the editorial of the Medical Examiner for December, 1846, in which the editor gives the following extract from a paper by Dr. H. J. Bigelow, contained in the Boston Journal:—"The preparation (letheon) is inhaled from a small two-necked glass globe, and smells of ether, and is, we have little doubt, an ethereal solution of some narcotic substance."

Having on several occasions used ether, since March, 1842, to prevent pain in surgical operations, immediately after reading this notice of "letheon," I commenced a communication to the editor of the Medical Examiner, for publication in that Journal, to notify the medical profession that sulphuric ether, when inhaled, would of itself render surgical operations painless, and that it had then been used by me for that purpose for more than four years. I was interrupted when I had written but a few lines, and was prevented, by a very laborious country



practice, from resuming my communication, until the Medical Examiner for January, 1847, was received, which reached me in a few days after reading the December number. It contained several articles, giving accounts of different experiments in etherization, in which surgical operations were performed without pain. On reading these articles, I determined to wait a few months, before publishing an account of my discovery, and see whether any surgeon would present a claim to having used ether by inhalation in surgical operations prior to the time it was used by me.

A controversy soon ensued between Messrs. Jackson, Morton and Wells, in regard to who was entitled to the honor of being the discoverer of the anæsthetic powers of ether, and a considerable time elapsed before I was able to ascertain the exact period when their first operations were performed. Ascertaining this fact, through negligence I have now permitted a much longer time to elapse than I designed, or than my professional friends with whom I consulted advised; but as no account has been published, (so far as I have been able to ascertain,) of the inhalation of ether being used to prevent pain in surgical operations as early as March, 1842, my friends think I would be doing myself injustice, not to notify my brethren of the medical profession of my priority of the use of ether by inhalation in surgical practice.

I know that my interests have suffered from not making an earlier publication, and I would not be persuaded at this late stage of the ether controversy to present my claim to being the first to use ether as an anæsthetic in surgical operations, if I were not fully satisfied of my ability to establish its justness.

In the month of December, 1841, or January, 1842, the subject of the inhalation of nitrous oxide gas was introduced in a company of young men assembled at night in this village, (Jefferson,) and several persons present desired me to prepare some for their use. I informed them that I had no apparatus for preparing or preserving the gas, but that I had a medicine (sulphuric ether) which would produce equally exhilarating effects; that I had inhaled it myself, and considered it as safe as the nitrous oxide gas. One of the company stated, that he had inhaled ether while at school, and was then willing to inhale

it. The company were all anxious to witness its effects. The ether was introduced: I gave it first to the gentleman who had previously inhaled it, then inhaled it myself, and afterwards gave it to all persons present. They were so much pleased with the exhilarating effects of ether, that they afterwards inhaled it frequently, and induced others to do so, and its inhalation soon became quite fashionable in this county, and in fact extended from this place through several counties in this part of Georgia.

On numerous occasions I have inhaled ether for its exhilarating properties, and would frequently, at some short time subsequent to its inhalation, discover bruised or painful spots on my person, which I had no recollection of causing, and which I felt satisfied were received while under the influence of ether. I noticed, my friends, while etherized, received falls and blows, which I believed were sufficient to produce pain on a person not in a state of anæsthesia, and on questioning them, they uniformly assured me that they did not feel the least pain from these accidents. These facts are mentioned, that the reasons may be apparent why I was induced to make an experiment in etherization.

The first patient to whom I administered ether in a surgical operation, was Mr. James M. Venable, who then resided within two miles of Jefferson, and at present lives in Cobb county, Ga. Mr. Venable consulted me on several occasions in regard to the propriety of removing two small tumours situated on the back part of his neck, but would postpone from time to time having the operations performed, from dread of pain. At length I mentioned to him the fact of my receiving bruises while under the influence of the vapour of ether, without suffering, and as I knew him to be fond of, and accustomed to inhale ether, I suggested to him the probability that the operations might be performed without pain, and proposed operating on him while under its influence. He consented to have one tumour removed, and the operation was performed the same evening. The ether was given to Mr. Venable on a towel; and when fully under its influence I extirpated the tumour. It was encysted, and about half an inch in diameter. The patient continued to inhale ether during the time of the operation; and

when informed it was over, seemed incredulous, until the tumour was shown him. He gave no evidence of suffering during the operation, and assured me, after it was over, that he did not experience the slightest degree of pain from its performance. *This operation was performed on the 30th March, 1842.*

The second operation I performed upon a patient etherized was on the 6th June, 1842, and was on the same person, for the removal of another small tumour. This operation required more time than the first, from the cyst of the tumour having formed adhesions to the surrounding parts. The patient was insensible to pain during the operation, until the last attachment of the cyst was separated, when he exhibited signs of slight suffering, but asserted, after the operation was over, that the sensation of pain was so slight as scarcely to be perceived. In this operation, the inhalation of ether ceased before the first incision was made: since that time I have invariably desired patients, when practicable, to continue its inhalation during the time of the operation.

Having so long neglected presenting my claim to the discovery of the anæsthetic powers of ether; for the purpose of satisfying the minds of all, of its justness, I have procured, I conceive, a sufficient number of certificates to establish the claim indisputably. I present, first, the certificate of James M. Venable, the patient on whom the first experiments in etherization were made, and no comments on it, I conceive, are necessary.

[NOTE.—A few months ago, Dr. Long informed us of his early attempts at etherization, in Surgery. He was then informed that any claim set up at this late day to priority of discovery, would be severely criticised, if not violently resisted; and that he had best, therefore, do all he could to fortify his position. He has accordingly sent us a number of certificates, properly attested; but as it is unusual for medical journals to admit these, and as besides, in our profession, the word of a gentleman is sufficient on all points of controversy, these are of course omitted here. We state, however, they may be seen by any one curious in the matter, and their character may be judged of by the two following, bearing most pointedly on the subject under discussion.

We have only to add, that the writer of this communication is a highly worthy member of the medical profession, exceedingly modest in his pretensions and entitled to full credit for all he advances.]—EDR.



## (CERTIFICATES.)

I, James M. Venable, of the county of Cobb, and State of Georgia, on oath, depose and say, that in the year 1842, I resided at my mother's, in Jackson county, about two miles from the village of Jefferson, and attended the village academy that year. In the early part of the year the young men of Jefferson, and the country adjoining, were in the habit of inhaling ether, for its exhilarating powers, and I inhaled it myself frequently for that purpose, and was very fond of its use.

While attending the academy, I was frequently in the office of Dr. C. W. Long, and having two tumours on the side and rather back of my neck, I several times spoke to him about the propriety of cutting them out, but postponed the operation from time to time. On one occasion, we had some conversation about the probability that the tumours might be cut out while I was under the influence of S. ether, without my experiencing pain, and he proposed operating on me while under its influence. I agreed to have one tumour cut out, and had the operation performed that evening after school was dismissed. This was in the early part of the spring of 1842.

I commenced inhaling the ether before the operation was commenced, and continued it until the operation was over. I did not feel the slightest pain from the operation, and could not believe the tumour was removed until it was shown to me.

A month or two after this time, Dr. C. W. Long cut out the other tumour, situated on the same side of my neck. In this operation I did not feel the least pain until the last cut was made, when I felt a little pain. In this operation, I stopped inhaling the ether before the operation was finished.

I inhaled the ether, in both cases, from a towel, which was the common method of taking it.

JAMES M. VENABLE.

GEORGIA, Cobb county, }  
July 23d, 1849. } Sworn to before me.

ALFRED MANES, J. P.

I certify that I was a pupil in the Academy in Jefferson, Jackson county, Ga., in the year 1842. Some time during the spring of that year I was present, and witnessed Dr. C. W. Long cut out a small tumour from the neck of James M. Venable. I am well acquainted with the smell of sulphuric ether, and know that Mr. Venable inhaled it, before and during the time of the operation. He made no sign of suffering pain during the operation; and after the tumour was cut out, he asserted that he did not feel any pain from the cutting out of the tumour.

A few months after this operation, Mr. Venable informed me that Dr. Long had cut out another tumour from his neck, while he was under the effects of ether, and that he did not feel any pain from the operation. Mr. Venable was a pupil in the Academy during the year 1842, and I was intimate with and heard him speak of the operations frequently, and he always asserted they were performed without pain. I know the operations were performed in the year 1842: my brother, Wm. H. Thurmond, had charge of the academy that year, and it was the only time I was a pupil in the academy.

August 21st, 1849.

ANDREW J. THURMOND.

In addition to Mr. Venable's, I present the certificates of E. S. Rawls and Wm. H. Thurmond, who were present, and witnessed one or both operations.

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My third experiment in etherization was made on the 3rd July, 1842, and was on a negro boy, the property of Mrs. S. Hemphill, who resides nine miles from Jefferson. The boy had a disease of a toe, which rendered its amputation necessary, and the operation was performed without the boy evincing the least sign of pain.

I present Mrs. Hemphill's statement of the report the boy gave her of the operation on his return home, which I conceive is sufficient on this point.

\* \* \* \* \*

These were all the surgical operations performed by me during the year 1842, upon patients etherized; no other case occurring in which I believed the inhalation of ether applicable. Since '42, I have performed one or more surgical operations annually, on patients in a state of etherization.

The question will no doubt occur, why did I not publish the results of my experiments in etherization soon after they were made? I was anxious, before making my publication, to try etherization in a sufficient number of cases to fully satisfy my mind that anæsthesia was produced by the ether, and was not the effect of the imagination, or owing to any peculiar insusceptibility to pain in the persons experimented on.

At the time I was experimenting with ether, there were physicians "high in authority," and of justly distinguished character, who were the advocates of mesmerism, and recommended

the induction of the *mesmeric state* as adequate to prevent pain in surgical operations. Notwithstanding thus sanctioned, I was an unbeliever in the science, and of the opinion, that if the mesmeric state could be produced at all, it was only on "those of strong imagination and weak minds," and was to be ascribed solely to the workings of the patient's imaginations. Entertaining this opinion, I was the more particular in my experiments in etherization.

Surgical operations are not of frequent occurrence in a country practice, and especially in the practice of a young physician; yet I was fortunate enough to meet with two cases in which I could satisfactorily test the anæsthetic power of ether. From one of these patients I removed three tumours the same day: the inhalation of ether was used only in the second operation, and was effectual in preventing pain, while the patient suffered severely from the extirpation of the other tumours. In the other case, I amputated two fingers of a negro boy: the boy was etherized during one amputation, and not during the other; he suffered from one operation, and was insensible during the other.

I have procured the certificates of the lady from whom the tumours were removed and of her husband, who was present and witnessed the operations; and also that of the owner of the boy, establishing the fact of the insensibility of the patients to pain during these operations. These certificates were procured in preference to those establishing other operations, because they not only show that the experiments were continued from year to year, but also show that they were conducted so as to test the power of etherization.

\* \* \* \* \*

After fully satisfying myself of the power of ether to produce anæsthesia, I was desirous of administering it in a severer surgical operation than any I had performed. In my practice, prior to the published account of the use of ether as an anæsthetic, I had no opportunity of experimenting with it in a capital operation, my cases being confined, with one exception, to the extirpation of small tumours, and the amputation of fingers and toes.

I have stated that ether was frequently inhaled in this and



some of the adjoining counties, for its exhilarating effects; and although I am conscious that I do not deserve any credit for introducing its use for that purpose, yet as others, through their friends, have claimed to be the first to shew its safety, most of the certificates I have obtained establish the fact of its frequent inhalation for its exhilarating effects. I met with R. H. Goodman, who was present the night ether was first inhaled in Jefferson, and who removed to Athens, and introduced its inhalation in that place, and present his certificate. All the young gentlemen who were present the night I first administered ether, with one exception, are living, and their certificates can be procured, if necessary.\*

\* \* \* \* \*

I have now, in a very concise manner, presented a "plain, unvarnished" account of some of my experiments in etherization, and have said nothing of the comparative merits of ether, and the other anæsthetics, because that was foreign to my present subject. Had I been engaged in the practice of my profession in a city, where surgical operations are performed daily, the discovery would, no doubt, have been confided to others, who would have assisted in the experiments; but occupying a different position, I acted differently, whether justifiable or not. The result of my second experiment in etherization, was such as led me to believe that the anæsthetic state was of such short duration that ether would only be applicable in cases in which its effects could be kept up, by constant inhalation, during the time of the performance of the operations. Under this impression, up to January, 1847, I had not used ether, in but one case, in extracting teeth, and thus deprived myself of experimenting in the only class of cases which are of frequent occurrence in a country practice.

While cautiously experimenting with ether, as cases occurred, with the view of fully testing its anæsthetic powers, and its applicability to severe, as well as minor, surgical operations, others, more favorably situated, engaged in similar experiments; and consequently the publication of etherization did not "bide my time." This being the case, I leave it with an enlightened

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\* Our friend, Dr. Long, can lay no claim to the introduction of sulphuric ether as an exhilarating agent when its vapour is inhaled.—*Edr.*

medical profession, to say, whether or not my claim to the discovery of etherization is forfeited, by not being presented earlier, and with the decision which may be made, I shall be content.

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ARTICLE XXXIX.

*Three Cases of the successful administration of Chloroform, occurring in the practice of Drs. ERSKINE & SHEFFEY, of Huntsville, Alabama.*

CASE 1st. A little daughter of Mr. M——, aged about 4 years, some months previous to the operation, had a needle thrust into her breast, over the sternum, the point breaking off in the bone. Caries ensued around the point of the needle, producing a great deal of pain, and great suffering when touched. Chloroform was administered; a crucial incision, two inches long, was made through the centre of the inflamed point. No sensibility was manifested during the dissection of the flaps, and removal of the decayed bone. She was kept profoundly under its influence from 30 to 40 minutes, no unpleasant symptoms following.

This operation, without the anæsthetic agent, must have proved excruciatingly painful.

CASE 2nd. A negro boy, belonging to Capt. M——, aged about 14 or 15, had his frontal bone fractured above the orbital arch, a portion of bone driven into the brain through the dura mater, &c., and forcing out a portion of its substance. When seen, he was sensible, and resisted all efforts to examine the wound, to elevate or remove the bone. Chloroform was administered; profound sleep came on; the operation performed; several spiculæ were removed; sutures applied to the flaps, and the wound was dressed, while the boy remained perfectly quiet. He was kept under the influence of chloroform nearly an hour: no unfavorable symptoms supervened. The patient recovered without an unpleasant occurrence.

CASE 3rd. A negro girl, aged about 13 years, belonging to Mr. R——. She had extensive necrosis of the os femoris, and was much emaciated from long suffering. Chloroform was ad-

ministered to her; an incision six inches in length made; a corresponding length of the line trephined, and the dead portion removed, &c. During the operation, she struggled several times, though apparently profoundly asleep. The cavity, after removing the old bone, was enormous, sufficient to have held a pint or more; the bleeding from the internal surfaces was very considerable. After the operation was completed, which occupied in the performance from three-quarters to an hour, and before the dressing was applied, she was suffered to pass from under the anæsthesia; shortly after she became sensible, she gave indications of sinking, and soon was in an alarming state of syncope. By the use of proper means, she gradually recovered from this condition, which no doubt was the effect of loss of blood, which was very great. The case progressed well, and the cavity has almost entirely filled up. Without the anæsthetic agent she could not have survived the operation.

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ARTICLE XL.

*A Case of Rupture of the Quadriceps Femoris Muscle, which came under the notice of C. H. MASTIN, M. D., of Mobile. Alabama.*

In September, I was called to see an old man, aged 60 years, who, in attempting to replace the bed of a wagon upon its wheels, had his foot to slip, and his left leg, in a state of semi-flexion, caught between the falling body and the ground. Upon examination, I found the quadriceps femoris, about an inch and three-quarters above the patella, ruptured; the patella driven down, even out of its natural position, and its ligament "loosed" outward. Having satisfied myself of the correctness of my diagnosis, the next question was, as to the mode of treatment; how the ruptured ends should be co-aptated and so retained. I extended the leg upon the thigh, and flexed the thigh upon the body; a uniting compress was placed upon the thigh in the direction of the fibres of the muscle, the patella restored to its position, and a roller passed from the toes to the groin; a splint extending from the tuberosity of the ischium to the os calcis, and the roller reversed and passed over the splint, down to the



foot. The leg was now placed upon a simple inclined plane, which, by flexing the thigh upon the body, would keep the ruptured muscle in a relaxed condition, and thus more effectually approximate the ends. The patient was now left to rest. No bad symptoms occurring, at the end of thirty days, the dressings were removed, and the double inclined plane of Amesbury substituted, which, by gradual flexion and extension, anchylosis was prevented, and in the time of forty-five days, from the accident, the patient was perfectly cured.

This proves to be an interesting case, from the advanced age of the individual, from the fact, that the violence of the blow—sufficient to rupture so great a mass of muscle—did not abrade the skin, and the speedy recovery, even without a bad symptom.

That the accident cannot be regarded as trivial, we have but to notice, that out of fourteen cases mentioned by Demarquay as having occurred at the Hôtel Dieu, only five may be considered as having had a favorable result. M. Velpeau mentions two cases of rupture of the *tendon* of this muscle, which came into La Charité in 1838, and remarks, that although it was impossible to effect union by immediate contact, still the cure was completed without the functions of the leg in either case being perceptibly disturbed.

The fact of the new substance, which unites the two ends, being ultimately transformed into a tissue resembling the original, may be the reason why, ruptures of the extensor tendons and muscles, do not cause lameness more frequently; the muscle being only lengthened to a small extent, its retractions eventually overcome this elongation, and in a short time the movements of the leg show but a slight derangement.

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ARTICLE XLI.

*Cases occurring in the Practice of P. W. HARPER, M. D., of the Shoals of Ogechee, Georgia.*

CASE 1. I was called to visit a healthy negro woman, belonging to Mrs. Y—, 19 years old, who had borne a child at full term, about eighteen months previously, without any difficulty to herself or child: I found her, in the present instance,

with preternatural presentation of the left hand and arm. From the history of her case, I was informed she had had, for many hours, the most severe and bearing-down pains, although, at the time I first saw her, she was free from pain, but complained of great prostration of strength, as was evident from her pulse. In the usual way of proceeding, I found no difficulty at all in returning the projecting arm and hand; but, to my great surprise and mortification, I was unable to ascertain the position of the feet and legs: I could only insinuate my hand between the dorsum of the child and the left lateral portion of the uterus, to its fundus. The abdomen of the child was in such coaptation with the right lateral portion of the uterus as to prevent all efforts to make, in that direction, an examination. By giving an anodyne, I had prepared her for this examination, and as I had hoped, for a safe delivery. During the whole of the examination, she complained of no pain, only observing, at times, that she was very weak and felt fainty. Failing in the first attempt to get the feet, I desisted for a while, and then made the second effort; but she sank and died under the operation, without a sigh or a groan. By the kind permission of her mistress, I made a *post mortem* examination. I found the right side of the uterus, from near its fundus, extending longitudinally, lacerated about six inches, and the feet and legs thrown out of the uterus into the cavity of the abdomen of the mother, and contrary to expectation, but little hemorrhage supervened.

This case presents many features for consideration to the speculative theorist. How was this fissure made, and that too, so large as to admit the free passage of the child's feet and legs?—Why was there so little hemorrhage?—What caused such great prostration of strength in such a young and healthy constitution?—Why should the rupture of the uterus be longitudinal instead of transversed? The anatomical structure would seem to favor the latter. With the ingenious theorist I will leave the case.

CASE 2. My friend, Dr. H. Allen, called me in consultation, in 1835, to the lady of the Rev. R. B. F——, about 36 years of age, of good constitution, and mother of several healthy children, her labours having been all fortunate. On my arrival, I found the case a footling presentation: all of the child was

delivered, with the exception of the head. Dr. Allen informed me that the child had been dead more than twelve hours, and that he had made several efforts to deliver her. After making a thorough examination, I proceeded manually to operate, but did not succeed in effecting delivery. We then concluded, that the head was so impacted, that delivery could not be accomplished without the use of the perforator. After a short interval of consultation, it was decided, that I should make another trial, before resorting to instruments. I did so; and on the second examination, I found the position of the head had been changed, and that it had gradually descended into the superior aperture of the pelvis. At this particular stage of the case, I could distinctly feel the mouth of the child, and with my right index finger, I opened the mouth, and used that finger as a *blunt hook* in the roof of the mouth, when I soon discovered the head descending into the cavity of the pelvis: in a few moments the lady was safely delivered.

The secret and difficulty of the case remain now to be mentioned. The head was *hydrocephalus*; the sutures, bones, and integuments, were so elastic as to admit of the necessary elongation of the head to pass through the diameter of the pelvis: the return of the head to its diseased size was so great, immediately on its expulsion, as to cause a *gurgling* noise quite audible in the adjoining room. After the infant was shrouded, the head measured thirteen inches from the chin to the vertex; and eleven and a half inches in circumference. The whole head assumed the appearance of a pulpy mass.

This lady never after was mother of another child, yet she continued to enjoy, generally, good health, and was alive when I left Virginia, in January, 1847.

Here is another case for speculative theory. With all of our persuasion, Dr. Allen and myself could not prevail on the parents to grant us the permission to puncture the head, to ascertain the quantity of water, and to make such other examinations as might be necessary. We supposed there must have been three pints of water, if no more. In every other particular, the child was well formed, and of common size.



## ARTICLE XLII.

*A Case of natural Anæsthesia.* By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

So universal has been the application of the Divine curse to man, that, *to suffer and to live* are not only inseperable, but may be considered as synonymous terms. In the observation of more than twenty-three years, I have met with but a single exception to this apparently absolute law of our existence. It has occurred to me, that in these days of artificial anæsthesia, a brief narration of this case might not be devoid of interest to the profession; especially as this condition of the system was actually so complete and profound as to have cost the life of the patient.

I had known Mr. A. for several years, and am the intimate friend of his family physicians, the last of whom is one of my earliest and most promising pupils. From them I had occasionally heard that this gentleman had a natural insensibility to pain, previously to his becoming my patient. In 1845, I was first consulted by Mr. A., in reference to the development of cataracts in his eyes. In November, 1846, he had one eye operated upon in a neighboring city, and for a time he could see pretty well. The sight not proving, however, satisfactory, the patient desired the cataract removed from the other eye; and this was accordingly done by couching, on the 6th of March, 1847. Believing there was a disposition in the case to cerebral congestion, which might produce amaurosis, or even apoplexy, the family physician was advised to keep up some active derivation from the head.

After this second operation upon the eyes, the patient had a rapid recovery, and was soon able to ride over his plantation on horseback. In one of these excursions, he was unfortunately exposed to a severe rain, and apprehending his eyes might suffer, he ordered his servant to rub the nape of the neck with tartar emetic ointment. Desiring this application to be repeated, he was told that the part was already inflamed, but, as he says he did not feel it, and of course could not see the part affected, his command was repeated and then obeyed. Erysipelas now occurred, and I saw the patient on the 11th of

April, being about a month after the last cataract was destroyed. Free incisions were made through the skin of the inflamed neck, and other local and constitutional means employed. The disease, however, continued to increase in spite of most active treatment, coma supervened, and he died during the night of the 14th.

Mr. A. was about 56 years old at the time of his death. He was of sanguino-leuco-phlegmatic temperament; was a corpulent man, weighing about 250 pounds, and had been a free liver. He was a lawyer by profession, of good intellect, being a man of strong mind and body, and had acquired considerable reputation as an advocate and politician.

And now in relation to his possessing a natural state of anæsthesia, the following facts are submitted:

During a political campaign, not liking the appearance of a finger injured in a rencounter, he bit it off himself and spate it upon the ground.

He had at one time an ulcer on a toe, extending finally to the foot, which resisted treatment for nearly three years. Mr. A. told his physician at the time, and has since repeated the same statement, that from first to last, it never gave him the slightest pain.

An abscess also formed in his hand, involving in its progress the whole fore-arm and arm, which became enormously swollen up to the body, and threatened his life. The lancet had repeatedly and freely to be used, and was followed by a copious discharge of pus for several weeks. During the whole treatment, he says he experienced no pain.

He says he felt no pain when his eyes were operated upon for cataract. Neither did either inflame. I can vouch for his statue-like immovability during the second operation.

When his neck was pustulated by tartar emetic ointment, he did not feel it, but ordered the application to be repeated.

I made three incisions with a bistoury in his neck to relieve erysipelatous inflammation. He was so unconscious of the operation, that after it was performed he asked me to do it, that he might turn over on his back in the bed.

He told his attending physician that he never suffered pain from any cause whatever, until his last illness. For two days

after its development he complained of the erysipelas, and then passed into his usual insensible condition, some time before the state of coma supervened.

It is proper to say that Mr. A. was a man of great probity, and never boasted of being insensible to pain.

The only cause suggested for this truly singular and peculiar condition of the system of this patient, is the free use of alcoholic potations to which he was at one time much addicted. But others have drank more than ever he did, without producing the same result. We think the case of sufficient interest to deserve a passing notice.

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## PART II.

### Reviews and Extracts.

*A Detail of certain Experiments, performed by Magendie and Bernard in the College of France.* By WILLIAM H. ANDERSON, M. D., of Mobile, Alabama.—(Amer. Journal.)

In the winter of 1848, the writer of this article witnessed a large number of experiments, vivisections, &c., made by Magendie and Bernard, for the purpose of elucidating some of the more mysterious functions of the digestive, nervous, circulatory, and respiratory apparatus. Among others, a series of experiments was instituted, to ascertain the action of various poisons, the therapeutical effects of which have been sought after of late years. We proceed to detail the facts relative to several of these medicaments.

*Strychnia*.—Of all the extracts, the alcoholic is undoubtedly the best, but even this is uncertain, and should be administered with caution. The great difficulty seems to be in arriving at a proper strength; for two preparations made precisely in the same manner, are frequently found to possess different degrees of activity. Trousseau was the first to remark this, in the case of a patient under his care at hospital Necker. To obviate the difficulty, the alkaloid should always be given in substance, and the same rule holds good with regard to all the powerful alkaloids.

Strychnine is a very active substance, and when given in poisonous doses, either to man or the lower animals, it produces death by convulsions. Hence, it bears especially upon the nervous system. It has no action on the brain, and produces



its effects equally as well when this organ has been extirpated. To prove this, Magendie removed the brain of several animals, and the administration of the poison was followed by the same effects. A careful analysis of the experiments of Bernard and Magendie leads to the belief that strychnine has a reflex action; that it acts on the periphery, not on the nervous centres. An exaggeration of the reflex action, therefore, is its true *modus operandi*. Its peculiar action seems to be on the nerves of motion, yet to act on them requires the integrity of the posterior roots. Bernard exposed the *anterior* roots of the nerves going to a limb: he then cut the *posterior* roots, and applied the alkaloid to the anterior; no convulsion ensued; but by applying it to the posterior roots in a state of integrity, convulsions in the limb soon followed. The nerves of motion therefore became affected through the medium of the nerves of sensation.

However applied, strychnine cannot act before absorption takes place. When introduced into the veins, the effects are immediately seen. When it was placed in the cellular tissue of the foot, and the vessels between it and the heart tied, no action ensued. Some of the German therapeutists thought that when strychnine produced death, it did so by asphyxia, but this theory is disproved by the fact, that it kills animals that have no lungs. The true method of its action in *poisonous* doses is an exhaustion (*épuisement*) of the nervous system.

*Nicotine*.—The Virginia and the Cuba tobaccos are very rich in this principle, though both are inferior to that which grows in the south of France. There are various agents for the extraction of nicotine from the *nicotiana tabacum*, but ammonia is perhaps the best. When obtained in its pure state, nicotine is a liquid, slightly yellowish, and without odour. The works on *materia medica* generally attribute to it the odour of tobacco, but this is owing to a faulty manner of preparing it. When entirely deprived of the potash, which is in intimate association with it, it is quite free from odour; but, on the addition of the smallest portion of potash, the pungent odour of tobacco is immediately evolved. Nicotine is very volatile, very easily absorbed, and exceedingly energetic in its effects on the system. While its power bears principally upon the brain and spinal cord, it is at the same time an active purgative and diuretic. Almost all of the new comers in tobacco factories are lightly purged for several days, and even children, nursed by mothers who have lately become operatives, suffer from diarrhœa.

One drop of pure nicotine, given to a medium-sized dog, is followed by convulsions in all the limbs,—the forelegs suffering

much more, however, than the hinder ones,—the respiration is very much quickened, and the heart's action accelerated. The eyes sink, and the animal becomes temporarily blind, owing to the third eyelid spreading itself over the eye. The blindness is not owing to any lesion of the optic nerve, as has been supposed. In addition to these effects, there are profuse salivation, an exaggerated secretion of urine, and active purging. In the course of an hour the violence of the effects passes off, and the animal calms—the posterior limbs yield their convulsions some time before the anterior. The next day, the dog entirely recovers. The post-mortem examination of animals killed by the introduction of nicotine into a wound, reveals nothing that will account for the symptoms. Bernard cut the pneumo-gastrics of a dog that had taken a poisonous dose, and the usual phenomena produced by it on the lungs and heart did not evince themselves. Death, however, occurred as quickly as if the nerves had not been cut.

*Prussic Acid.*—The action of this poison is rapid and energetic, absorption taking place the instant that it is applied to a proper surface. One drop of the anhydrous acid is sufficient to kill a middle-sized dog. As soon as the poison is absorbed, a slight tremulous motion takes place throughout the system; this soon increases to actual convulsion, which becomes more and more intense, until death closes the scene. While Bernard was preparing some of the anhydrous acid for experiment, he inhaled some of the fumes, and was immediately rendered senseless, with extreme difficulty of breathing. Several hours elapsed before he entirely recovered. A series of experiments was undertaken on a number of animals, in order to find out a counterpoison for such a destructive agent, and they resulted in the discovery that ether (sulphuric) was the best antidote, if immediately inhaled. In the course of the experiments, it was hoped that ether, largely taken, would prove to be an effectual antidote to a very large quantity of the anhydrous acid, for it was found that several animals revived, which had been previously etherized, although several drops of the poison had been administered. Subsequent experiments, however, proved that the dose must be within certain limits.

Prussic acid acts on the system of sensibility as well as that of movement, and its effects commencing in the cerebro-spinal axis are diffused throughout the body by means of the nerves. If the nerves going to a limb are cut, that member will not evince the phenomena shown by the others,—there will be no tremor or convulsions in it.

In addition to its powerful effects on the nervous system, Prussic acid has a peculiar action on the blood, so modifying

that fluid as to render it incapable of oxidation. The bright red colour of arterial blood is owing to the absorption of oxygen. In *man*, this absorption takes place in the lungs, but in some of the lower animals, it is performed by means of the skin, and it may easily be seen going on, if the mesentery of a cat or a rabbit be exposed. The iron of the globules is the constituent that becomes oxidized, and Prussic acid has the power of preventing it from appropriating oxygen. A very feeble dose will, in a measure, put a stop to the process. This phenomenon presents itself out of the body, in the same manner that it does in the current of the circulation. Bernard took two tubes, into each of which he put a quantity of blood. Oxidation immediately commenced, but on the addition of a few drops of Prussic acid into one of the tubes, the process of oxidation was immediately arrested. What influence this property has in producing death is a subject well worthy of consideration. That the functional integrity of the cerebro-spinal axis depends upon a proper supply of arterial blood, there is no question. Either too much or too little oxygen in the blood impairs the action of this system; and it is the opinion of the author, deduced from witnessing many experiments with Prussic acid, that the beneficial effect of medicinal doses is often owing to its property of checking undue oxidation of the blood. In various diseases, accompanied with accelerated respiration and exalted arterial action, there is reason for believing that the blood is overloaded with oxygen; and it is a fact worthy of notice that, in these very diseases, medicinal doses of Prussic acid exert a very salutary effect. As it is intended, however, merely to detail the experiments, and the well-ascertained facts that flowed from them, we will not speculate farther on this subject.

Among the preparations of cyanogen, the cyanuret, of mercury is, perhaps, the most dangerous. If there be the smallest quantity of gastric juice in the stomach, death immediately ensues its administration. The gastric juice decomposes the compound, and liberates the Prussic acid in its purest form. Bernard introduced into the stomach of a dog, during digestion, a small portion of the cyanuret, and the animal died, in a few minutes, with all the symptoms of death by a poisonous dose of Prussic acid. On an immediate post-mortem examination, both the stomach and the brain emitted the characteristic odour of the acid.

If, from any cause, sulphuric ether cannot be obtained for inhalation, when a person has been poisoned with Prussic acid, the next best antidote is a solution of carbonate of potash, followed by a solution of the sulphate of the protoxide and the



peroxide of iron, The chemical interchange of elements is very rapid, and results in the formation of the ferrocyanuret of iron.

*Opium.*—The experiments performed by Magendie and Bernard on opium, lead to the belief that it acts primitively on the muscular system, and that its energy as a poison, in any given case, depends on the degree of muscular paralysis it has produced. Its therapeutic effects, in small doses, are very variable, and depend upon age, idiosyncrasy, habit, and particular conditions of the body. Long-continued usage of the drug may so inure the system to its influence, that very large doses may be taken with impunity, so far as regards their immediate effect. The poison, however, is slowly doing its mischief, and sooner or later the tone of the muscular fibre becomes impaired, and the heart, losing its wonted vigour, is unable to drive the blood with sufficient force to reach the capillary tubes. Hence, congestion of the brain and a general stasis of the blood, are the constant effects of a poisonous dose of the medicine. If the heart did not partake of the languor of the muscular system, opium would perhaps not be so great a poison; but this organ, like the rest of the muscles, loses its contractility, and labours in vain to perform its functions.

Opium is one of those substances that act through the vascular system. It may be applied in a very concentrated form to a wound in a limb, and yet, if the vascular communication between the limb and trunk be cut off, no effect is produced. This has been proved by repeated experiment.

Want of vigour in the action of the heart, being the great danger in poisoning by opium, it would be natural to suppose that any substance having power to restore that vigour, would be a good antidote to a poisonous dose. And this is precisely what turns out to be the case with regard to coffee. Of all known substances, coffee has the most influence in giving power to the heart's action; and it is in this way, establishing, as it were, the impeded circulation, that coffee is the best and most certain antidote to opium.

*Digitalis.*—There are several medicines which seem to have double action on the system, that is, which have two distinct and separate actions, the one not being the consequence of the other, although it may follow it. Digitalis belongs to this class, since it contains two distinct principle—a sedative, and a diuretic. Its diuretic property is independent of the heart's action, for it may be combined with medicines which annul its sedative effects, and still the kidneys will manifestly be under its influence. Chemistry has not as yet succeeded in isolating these principles from each other.

Digitalis is a sedative, because it weakens the muscular

system of organic life. If the abdominal cavity of an animal be opened, and the intestines exposed, after a sufficient quantity of digitalis has been administered, the heart's action will grow weaker and weaker, and the intestinal motion will gradually lessen until both will cease. This arrest of intestinal motion is not owing to debilitated circulation, because, while under the depressing influence of the digitalis, the heart's action may be easily strengthened by the administration of coffee, but the muscular coat of the intestines will remain unaffected, and continue to become enfeebled till it stops altogether. An experiment, verifying the above, may be easily performed on a dog of medium size, by dissolving in the serum of the blood one grain of *digitalin*, and injecting it into a vein. Digitalis acts through the vascular system, not the nervous. Bernard cut the pneumogastrics of a dog, and still it had its usual effects on the heart. The narcotic action of the drug, and the coma and convulsions that precede death, when it has accumulated in the system, are owing to deranged circulation in the brain.

*Quinine*.—The administration of this substance, in very large doses, is followed by coma, convulsions, dilatation of the pupil, and other symptoms denoting derangement of the brain. When death is produced, the autopsy reveals a good deal of irritation of the mucus membrane of the stomach. The blood is black, and not coagulable;—extravasation is found in various parts of the body; the brain is invariably congested, and the lungs much carnified.

Forty grains, given to a large dog, produce very serious effects, but do not in general kill the animal. At the end of two or three days, during which period he suffers much with coma, tremors, and convulsions, he recovers, but almost always there is paralysis in some part of the body, either in the hind-foot, the foreleg, or some part of the face.

In medicinal doses, quinine has a decided action on the heart; that is, if the subject be in a state of health. Ten grains, dissolved in acidulated water, and injected into the crural vein of a dog, produced an increase of the heart's action, both in force and frequency, and was followed by intense fever for several hours. The spleen being exposed to view, was closely observed, but there was no reduction in its size. In this particular, quinine differs from strychnine, the latter producing a marked decrease in the size of the spleen. An enlarged and unhealthy spleen, however, seems readily to come under the influence of proper doses of quinine. This is proved by experiments on the lower animals, as well as by those performed on man. The surgeons of the French army in Africa report that,

in the malarious districts of that country, it is by no means uncommon for dogs to have their spleens much enlarged, and that they are easily reduced by the administration of medicinal doses of quinine.

Quinine is administered by the stomach, by enema, by the endermic method (either on a denuded surface, or by the general bath,) and by injection into a vein. Of these various modes, that by injection into a vein is the most efficacious. Ten grains, put into a vein, will have the effect of a much larger dose put into the stomach. When given by the stomach, it should always be administered in the state of fasting, the state of digestion greatly lessening its energy. It has been mentioned that quinine, in small doses, has a decided action on the heart, increasing its force and frequency and producing general fever. This is the case when it is administered in a state of health, and when so taken, the fever lasts as long as the medicine is in the current of the circulation. This is from three to five hours, at the end of which period it is eliminated by the urine, and the fever subsides. That depression of the vital power which immediately precedes and accompanies ague, will rarely take place, when there is a sufficient quantity of quinine in the current of the circulation at the moment of its invasion; and it is for this reason that the remedy, when administered as an antiperiodic, is much more efficacious, and much more certain in its effect, if the quantity be taken three or four hours before the expected chill, than if the same quantity be taken in smaller doses during a period of eight or nine hours before, because, if there is any secretion of urine going on, a large portion will in this latter case have been eliminated from the system.

[A knowledge of the above fact, will have some practical bearing on the diseases of southern latitudes, since it happens that the important effects of quinine (at times *vitally* important) are lost to the patient because the medicine is not in his system at the proper moment. We take advantage of this opportunity to make a few remarks with regard to the injection of quinine into the veins. We have frequently seen cases of congestive and bilious remittent fever, where we had every reason to believe that quinine was strongly indicated; but where, for substantial reasons, it could either be not given at all, or, if given, would have been devoid of effect. Among such cases are those where the medicine is ejected, in consequence of an irritable stomach, and also those where the patient apparently, though not really moribund, can no longer swallow. In these cases, it is usual to administer the medicine



either by the rectum or by the endermic method; but when the depression of the system is very great, and the vital action almost extinct, the *absorbent* power is in a great measure lost, and the good effects of the remedy are not experienced, because it lies like an inert mass in the system. At this period, the circulation of the blood still goes on, and, though partaking of the general impairment of the system, it is feeble and languid; yet still it reaches the nervous centres, and can convey to them materials capable of restoring and renewing their vigour. How often does it happen that, in the low stage we have described, the return of a slight chill will cause a congestion of the brain and lungs, and inevitably carry the patient to his grave; and with what anxiety do we look forward to the period of this return, hoping that it may be escaped or kept off by the intervention of art. If quinine, therefore, be an efficacious remedy; if it have the power of bracing up the nervous system, and preventing another agitation, and the fatal stasis consequent upon it, it is all important that it should, at such times, be put in the current of the circulation. In this country, the administration of quinine by transfusion has been little, if at all, used; but in Belgium and Holland, we have known it employed with the happiest effect; and since the process is easily and perfectly innocuous, we think it well worthy an extended trial. There are liquids which cannot with safety be injected into the veins, because the globules of such liquids are too large to pass the minute capillaries of the lungs. The due oxygenation of the blood is thus interfered with, and death is the consequence. But water does not belong to this class. At the temperature of the blood, it passes freely from the arterial to the venous capillaries, and is perfectly safe as the vehicle of medicines which are to be used by transfusion.

The injection of certain medicines into the veins was used in England and Germany some years ago; but it fell into disuse, because a German physiologist of distinction, making use of *oil* as the solvent of some remedy he wished to employ, invariably caused the death of his patient. The experiment (using oil as the solvent) was extensively tried on animals, and always with the same consequences. The true cause of death was sought for in vain, and it was reserved for the untiring industry of Magendie to discover it. The experiment that ascertained and proved this, was repeated in the presence of the writer, and it was found that the cause of death was a mechanical obstruction of the capillaries of the lungs. The globules of the oil being too large to pass, completely plugged up the finer tubes, and prevented the access of air to the blood. This fact being known, the method by transfusion will doubtless be again brought into use.]

NOTE.—During our absence from the United States, an interesting paper on the effects of quinine, in poisonous doses, was published in the *American Journal of the Medical Sciences*, April, 1847, by Dr. Baldwin, of Montgomery, Alabama. We have received this article, and from our experience relative to the various susceptibility of different individuals to quinine (both of the human species, and the lower animals), we must refer to it. We are pleased to say that the experiments of the French physiologists generally confirm those of Dr. Baldwin, at least so far as the symptoms and lesions are concerned which poisonous doses produce on dogs. These various effects having been given to the profession, in the paper of Dr. B., it is unnecessary for us to repeat them in this article. With regard to the relative susceptibility of the system to the influence of quinine when *injected into a vein*, and when given by the *stomach*, the French authorities differ from Dr. Baldwin; but it is highly probable that the latter did not perform a very large number of experiments to ascertain this fact particularly. In connection with the paper of Dr. Baldwin, we would state that the best antidote to the state of *quininism*, is an active and efficient diuretic. Under the action of the acetate of potash, combined with a very small portion of Prussic acid, we have seen patients rapidly recover from the poisonous effects of quinine.

*Arsenic.*—With regard to this substance, we have very little to say. Experiment proves that, however introduced into the system, whether by the stomach, through a wound, by inhalation, or in a state of gas, it always causes inflammation of the stomach, accompanied by some nervous and cerebral agitation. There are two peculiarities about arsenic, worthy of notice. The first is, the extreme slowness and great difficulty with which it is eliminated from the system. It rests along time in the economy, and may occasionally be found in the blood after all symptoms of poisoning are gone. Its action on the blood is to render it black, to diminish its plasticity, and to make it very fluid. The consequence of all this is an infiltration of the tissues, and slight effusions of blood, particularly in the lungs; the latter are always found when animals have been poisoned by arsenic. Another striking peculiarity of arsenic is, its manifest affinity for the tissue of the liver. No matter how introduced, or how feeble the dose, if death ensues, arsenic may always be found in the liver. Even when time, or the intervention of art, has caused it to be eliminated from all other parts of the system, the liver will still be found to contain a sufficient quantity for the appropriate test to act upon.

So true is this, that when a person is poisoned, in the provinces of France, they send only the liver to Paris for examination.

When arsenic is eliminated from the system, it goes off by the urine; and the iodide of potash is, perhaps the best substance to expel it through that channel.

*Ether.*—The wonderful effects of ether upon the human economy, and the new era which its introduction caused in operative surgery, were sufficient inducements to submit it to the test of very varied, and often repeated experiments. Not only did Magendie and Bernard undertake a rigid analysis of its effects on animal life, but Flourens, Longet, Beau, and a host of other distinguished physiologists, turned their attention to the subject, and illustrated, as far as possible, its mysterious agency in the production of anæsthesia. While these celebrated experimenters, were observing the effects of ether on the lower animals, an equal number of the most enlightened practical surgeons were closely watching its action on the human system, and so fashionable had its employment at one time become in France, that even an abscess was scarcely ever opened by surgical intervention, unless the sensation of the patient had previously been lulled by the inhalation of the anæsthetic agent.

For the production of anæsthesia, the chlorohydric and acetic ethers are equally as efficacious as the sulphuric; but the latter, being in more general use, was chosen as the most proper variety for experiment. Sulphuric ether, applied locally, acts as an irritant and refrigerant, and to some of the animal tissues it acts as a solvent. When applied to the trunk of a nerve, it destroys the sensibility of that nerve. This it does by its refrigerant effect, ice possessing the property of doing the same thing; but ether goes further than ice; it dissolves the fatty matter of that part of the nerve, and paralysis follows as a consequence. When ether is applied to a muscle, it produces a kind of spasmodic separation (*écartement*) of its fibres, which is, perhaps, owing to its refrigerant effect on the nervous fibrils supplying the muscles.

When inhaled, ether is absorbed by the blood with astonishing rapidity, and when absorbed in sufficient quantity, produces a loss of sensibility, both general and special, a temporary change in the blood, and a general relaxation of the muscles of animal life. There are several degrees of etherization. In the first, the periphery alone of the nervous system loses its sensation; in the second, the nervous centres are taken; in the third, death is produced. The loss of sensation always retires from the periphery to the centre. Bernard exposed a part of the spinal column of an animal, so that he could freely get ac-



cess to the anterior and the posterior roots of the nerves. Ether was then administered, and when the periphery was completely devoid of sensation, both the anterior and the posterior roots were still quite sensible; by continuing the administration of the ether, however, the roots lost their sensation, and the brain and spine came under its influence. The anterior roots first became insensible, thus beautifully corroborating the doctrine of recurrent sensibility. Beau performed the same experiments, and was induced to believe that there was in the skin a sensation of *touch*, and another of *pain*. This doctrine, too, seems to gain plausibility from a fact which we have often witnessed, viz., that a patient may be undergoing an amputation, and may feel distinctly that something is being done to the member, and yet not suffer the slightest pain from the strokes of the knife. His intellect, in the mean time, though somewhat clouded, retains integrity enough to recollect and appreciate remarks made by the surgeon and the bystanders.

Ether to a certain extent, changes the colour of the blood. At first, little or no difference in colour is perceived; but by degrees, when the excitation goes off, the patient becomes pale, and the blood assumes a dark-reddish hue; both veins and arteries contain blood of the same colour. When etherization is pushed to extreme, blood passes freely into the chyloferous ducts, and the lymph and chyle are found to be of the same colour as the blood. At this period the lungs become congested, and death soon supervenes. It is an error here to say, that the patient dies by asphyxia, because the blood does not become black, nor does it lose its property of coagulation; indeed, after death by etherization, the blood coagulates very rapidly.

The anæsthetic agents, may be used with impunity, to mitigate the pains of childbirth; and, if employed with judgment, no ill effects need be apprehended for either mother or child. We have often seen women in labour submitted to their influence, and while they produced annihilation of the sensation of pain, and sometimes occasioned profound sleep, the muscles of the interior retained their accustomed energy, and both heart and uterus contracted well. It will be seen that the effects of ether, in these instances, are just the reverse of those of digitalis.

In closing this article upon ether (and most of the arguments will apply equally well to chloroform), we may take occasion to state, that we have seen it often administered to the lower animals, and to the human subject certainly not less than several thousand times. We have seen every age, sex, and condition under its influence—from the octogenarian, at the

Salpêtrière, to the infant suckling at the foundling hospital. During the late revolutions in France and Germany, we saw it used on the wounded, under every variety of temperament and constitution—the athletic grenadier, in the full glow of health, subjected to its influence for the mere extraction of a splinter, and the broken-down pauper submitted to its agency, when life was almost extinct from the prostrating shock of a severe gunshot wound. With such experience, we can truly say that the cases in which it did harm, were too few to be taken into serious consideration. That death, in one or two instances, did follow, we cannot deny; but certain it is, we have never seen death occasioned by ether or chloroform, when they were administered with a due proportion of atmospheric air. It is not to be wondered at, that a patient should occasionally succumb to their influence, when they are suddenly thrown into the lungs, without any admixture of atmospheric air; but such fatal cases are no more argument against their employment, than are those *rare* cases against ablution, in which the patient, suddenly plunged into a very cold bath, never recovered from the shock.

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*Theapeutic Action of Aconitum Napellus.*—(London Journal of Medicine.)

The following is an abridgment of papers, by M. TESSIER, on this subject, in the Gazette Médicale de Lyon, for 15th and 31st January, 1849:—

Aconite has three modes of action, viz.: a *narcotic*, an *antiphlogistic*, and a *special action on the skin*.

1. *Narcotic Action.*—Some deny that aconite acts in this way; but, nevertheless, the fact is incontestable. It is sufficient to place some drops of the tincture on the tongue, to be satisfied of the narcotic action on the nervous system; for it excites a very decided feeling of numbness in that organ. Besides, when a full dose is administered, it is no uncommon thing to observe delusions, vertigo, collapse, and delirium—in fact, such effects are known to follow opium and poisons from the family *solaneæ*. In painful diseases, too, it often gives a wonderful immunity from pain. I have administered Aconite in a great number of painful diseases—in dull pains in the bones, in facial neuralgia, in toothache, sciatica, cancer, &c.; and have observed effects which, from their diversity, well merit attention. While morphia, with a few very rare exceptions, calms every species of pain, aconite only relieves a certain special class. Thus I have never been able, by means of it, to assuage the pain of exostosis, cancer, myelitis, nephritis, gastralgia, or

whitlow; but, on the other hand I have obtained the best results from its use in such painful affections as have a catarrhal or rheumatismal cause, along with disordered function of the skin, such as rheumatism, angina, toothach, &c. Aconite is, then, in a certain class of cases, a narcotic agent (*agent stupéfiant*), but this action is subordinate to another, afterwards to be spoken of.

*Antiphlogistic Action.*—The reality of this mode of operation is believed in by Dr. Fleming; by Dr. Giacomini, who places aconite among the hyposthenic arterial remedies; and by the homœopaths, who affirm that this medicine may be used as a substitute for bleeding in the most urgent cases. To solve the question, as to the existence of antiphlogistic properties, it will not do (like Dr. Fleming), to choose cases of rheumatism, bronchitis, pneumonia, erysipelas, or neuralgia, all of which can usually be cured without the abstraction of blood: but we must take diseases in which bleedings are regarded as indispensable, as inflammation of the brain, apoplexy, peritonitis, hypertrophy of the heart, inflammatory fever, and ophthalmia from the introduction of a foreign body into the eye. In my experiments with aconite on the latter class of cases, I have not met with a single instance in which the aconite could usefully be preferred to bleeding. I have also given it in active hemorrhages, in hæmoptysis, and in menorrhagia—and without any advantage. From my observations, aconite does not appear to be more suitable to the plethoric: and upon the whole, I am inclined to think that it answers best with persons of a nervous or lymphatic temperament, and especially with those predisposed to rheumatismal and catarrhal affections. I do not, however, maintain that aconite *never* acts as an antiphlogistic: for by and by I am going to mention cases in which it has sensibly reduced the pulse; but then I will show, at the same time, that the action on the circulation was *indirect*, and that it is by regulating another function that aconite diminishes fever.

3. *Action on the Skin.*—If the principal therapeutic action of aconite be neither narcotic and calmative, nor antiphlogistic, what is it? My reply is, that *the special action of aconite is on the skin*. It possesses the property of eliminating from the vessels of the skin the hurtful matter, and of re-establishing the cutaneous functions when deranged by checked transpiration, or by some virus. I think that it has the special power of controlling diseases arising from cold, and others in which a morbid principle is retained in the cutaneous tissues, as occurs in the exanthematous fevers. It is a suitable medicine in all those diseases in which the function of the skin is disordered,



as in articular and muscular rheumatism, as well as in rheumatism of the nerves, including sciatica and odontalgia; also in affections of the mucus membranes, such as bronchitis, etc; likewise in the exanthemata.

*Diseases in which Aconite is used.—Courbature.*—A bruised feeling in the limbs, creeping sensations on the surface, lassitude, headache, and general discomfort, constitute the group of symptoms called by this name; and they are also symptoms which specially indicate the use of aconite. The desired relief will generally follow, by taking daily from five to ten drops of alcoholic tincture, in a little water, or bland vegetable infusion.

*Catarrhal Fever*, as Hufeland showed, is caused by the suspension of the active functions of the skin. Its physical characters are: alterations of heat and cold, dragging pains in the limbs, increased frequency in the desire to make water, a tendency to sweat, general fever complicated with a local affection, which is generally coryza, angina, or bronchitis. The therapeutic indications are: 1st, To re-establish the functions of the skin; 2d, To subdue the irritation of the nose, throat, and bronchial tubes. Aconite fulfils all these intentions. In catarrhal fever, as in *courbature*, it causes the pain in the limbs, the shiverings, and the heats to subside, and, at the same time, greatly simplifies the progress of the affection of the mucous membrane. But aconite does not, unaided, fulfil the second intention, which requires the assistance of opiates, blisters, or such other means as may be suitable.

*Angina and Acute Bronchitis.*—Like MM. Tessier, of Paris, and Gabalda, the author has seen aconite of much service in these affections, by diminishing in the former, the pains of deglutition, and in the latter, rendering the fits of coughing much less distressing.

*Rheumatism.*—To have a correct appreciation of the action of aconite in rheumatism, it is necessary to discriminate between the different forms of rheumatism, for it is very far from possessing the same influence over all of them. The cases in which it succeeds best are—recent rheumatic pains, unaccompanied by swelling and fever, or in which these symptoms are slight. In them, it possesses very great efficacy, and is preferable to bleeding; also to inoculation with morphia, or the use of belladonna—which drugs are mere palliatives of pain. In acute articular rheumatism, accompanied by decided swelling of the joints and ardent fever, aconite is of less value. At the onset, however, of such attacks, it may be administered with advantage, for the purpose of diminishing the afflux of blood [*la fluxion*] to the joints; but when the synovial membrane and the fibrous and ligamentous structures of the

joints become inflamed, aconite is useless, and, in my opinion, the best treatment is by large doses of nitrate of potash. In chronic apyrexial rheumatism, the results are good, though not so striking as in recent attacks. By preserving in the use of aconite for six weeks or two months, obstinate rheumatic pains, which have existed for years, may be subdued. Aconite, besides being remedial, possesses preventive properties, by its decided influence over the rheumatic diathesis. When given with this view, it must be continued for months. In all rheumatic affections, but especially those which are chronic, the doses must be much larger than those which are suitable in the diseases formerly spoken of. It is necessary to begin with ten or twenty drops of the alcoholic tincture, and to increase the quantity up to four, six, or eight grammes.\*

*Eruptive Fevers.*—In these affections, as in catarrhal fever, the pulse is brought down; the eruption is also made to come out better. The beneficial influence of aconite on the progress of the exanthemata has already been mentioned, in a work published at Lyons—*La Pharmacopée de Vitet*. It does not appear whether the discovery of this property of the medicine belongs to Vitet, or whether it was stated by him at second hand.

*Erysipelas.*—M. Teissier agrees with Drs. Fleming and Gabalda in believing that aconite diminishes the duration and the danger of this disease. I would wish to call the attention of surgeons to its value in erysipelas attacking wounds; so that my observations may be verified. I have several times seen a prompt and remarkable amendment follow the daily use of from ten to twenty drops of the tincture, in cases of erysipelas spreading around wounds and ulcers, and accompanied by severe constitutional symptoms.

*Pneumonia.*—M. Teissier agrees with Dr. Fleming that the aconite, when administered at the commencement, tends to restore the suppressed transpiration from the skin, and may thus give a milder character to the disease: but if inflammation have actively set in—if auscultation reveal engorgement and condensation—we must not anticipate resolution from the exhibition of aconite.

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\* Let us caution our readers not to use the tinctures in common use in this country in such doses. No physician ought to prescribe aconite, without minutely specifying the preparation he intends to be used. That which we prefer is Dr. Fleming's *Tincture of the root*, which is transparent, in colour like sherry wine, and of a slightly bitter taste. The following is the formula: "Take of root of *A. Napellus*, carefully dried and finely powdered, sixteen ounces troy; rectified spirit, sixteen fluid ounces; macerate for four days; then pack into a percolator; add rectified spirit until twenty ounces of tincture are obtained." Dose, from three to five minims in repeated doses.

*Mode of Administration.*—I am truly astonished at Dr. Fleming recommending the largest doses to be used when an antiphlogistic, rather than an anodyne or narcotic, effect is desired. However much I respect so distinguished an authority, I must state that my practice is entirely different. In a case of rheumatism, neuralgia, or any other affection in which I wish the calmative properties of the medicine, I give from ten to twenty drops of the tincture, and gradually augment the dose to three, four, five, or even to eight grammes in the day; but, on the contrary, when I give it in the *courbature* or catarrhal fever, I order only from five to ten drops in the twenty-four hours, and by such doses I bring down the pulse, and diminish all the other febrile symptoms, without inducing any symptoms of poisoning. I prefer the tincture, as more certain than the extract. The tincture, diluted with one or two parts of water, may be applied topically in neuralgia; but used in this way, aconite is an uncertain remedy.

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*Toothache.* By Dr. J. D. WHITE, Dentist.—(Dental News Letter.)

Toothache may be divided into, and treated under three heads, viz: *True*, *False*, and *Sympathetic*, but may also be considered as only different stages of the same disease; because it is evident, that however remote or obscure the pain and pathological change may be, if excited by a tooth, it is none the less toothache in some of its forms or stages.

1st. *True Toothache* is acute inflammation of the dental pulp or nerve of the tooth only, and subject to the same changes as any other vascular tissue of the body, while running through the different stages of inflammatory action, and the intensity and character of the pain depending somewhat upon, and marking the different pathological changes the pulp is undergoing at the time. *Its causes*,—may be *constitutional*, *remote*, *approximate* or *local*. Constitutional, such as high sensibility and irritability of the nervous and vascular system. Remote, when other diseases are operating upon the system; such as tuberculous diseases of the nervous system, genital organs, attacks of cold, &c.; in short, any disease which operates to promote irritability and a morbid condition of the system, will favor an attack of toothache of any kind. Approximate and local: such as one diseased tooth operating upon another, by *metastasis*, sympathy or close proximity; decay of the dentine sufficiently to expose the pulp to air, and the irritating acids of the mouth, sudden and extreme changes of temperature, erosion, &c; dead



dentine, without much softening, acting as a foreign substance, as in cases of blackness of the tooth, substance commonly called black decay; on the contact of any foreign substance or plugging material, while introducing a plug; accumulation of serum, blood or pus, beneath a metallic plug, or the decay of the tooth itself; when inflammation attacks the pulp before the decay is removed sufficiently to allow of the escape of the accumulating fluids.

2nd. *False Toothache* is an inflammation of the alveolar dental membrane and gums, and is commonly communicated from *within* the tooth to *without*, by continued inflammation and ulceration of the pulp through the foramen, at the end of the root; hence it almost invariably commences at the apex of the fang. This membrane never continues acutely inflamed for any length of time, without destroying the vitality of the pulp, because the swelling of the coats of the blood vessels around the foramen, at the end of the root, cuts off a supply of blood to it, and the high grade of inflammation which exists in the pulp before it extends to any height externally, will cause it to slough. This is the point at which true alveolar abscess commences, and is never established without a loss of the dental pulp. *It causes salivary calculi*, (but, as observed above, generally disease of the pulp,) which will often excite extensive inflammation of the gum and periosteal membranes, and sometimes to such an extent as to even inflame the pulp and cause it to slough; a blow with any hard substance will often produce the same effect. Calomel is also a common cause of periosteal inflammation, especially when pushed to ptyalism, and acids of various kinds, administered during illness, and the mouth not washed carefully. But the most marked cases of the kind, and the most painful, but without the extreme sponginess which exists in severe ptyalism, that we have ever seen, has been during the development and eruption of the wisdom teeth, in patients of extreme irritability of the nervous and vascular system. And what is most curious, however large, and however sensitive the teeth may become in ptyalism or teething, as soon as the irritating cause is removed the teeth return again to their natural and healthy condition, as a general rule, without a loss of the pulp.

3rd. *Sympathetic Toothache*.—This character of toothache may be regarded as only existing in sound teeth, or in teeth in which pain is experienced, but are not themselves the exciting cause of the pain, but excited by some irritating cause along the course of the nerves of the same side of the face; not, as is supposed by some, caused by a diseased tooth of the same class on the opposite side. Opposite jaws may be painful from the

same cause, but not opposite sides of the face, except it be from disease of the roots, or both of the nerves of the fifth pair—such as in rheumatism or irritability of the nerves of the head and face generally.

*Its causes.*—Diseased neighboring teeth; diseases of any character involving the fifth pair of nerves; general irritation of the gums from *salivary calculi*; partially necrosed roots: uterine pregnancy; development and eruption of the teeth; exostosis of the roots and alveolar processes; ossification of pulp, &c., &c.

*Diagnosis of the true toothache.*—Actual contact with your instrument, after removing the decay of the tooth, and ocular demonstration, is almost the only positive signs of toothache; still the following symptoms may sometimes lead to correct conclusions, viz; pain upon taking substances into the mouth above or below the common temperature of the blood. Yet high sensibility of the tooth, when only slightly decayed, or where they are wholly sound, may give rise to great pain upon taking cold or sweet substances into the mouth, and sometimes cold is the only temporary remedy for inflamed pulp; therefore, a toothache which is relieved by cold water, may be relied upon as arising from inflammation of an exposed pulp; on the contrary, warm, when it produces any impression at all, it is to increase the pain, and that is frequently the first sign we have of the inflamed pulp, after a tooth has been plugged with slight exposure of the nerve. Tenderness to the tooth *inside* of the *cavity of decay*, and more or less prolonged pain after the instrument is removed; while pain excited by sensibility of the bone, only lasts while the instrument is in actual contact with it. Again, a little experience will render the operator capable of judging whether the pain, excited by the contact of his instrument, is really from an exposed pulp or sensitive bone, by the peculiar thrill which it gives the patient.

These symptoms all become much exalted when acute inflammation attacks the pulp, together with intense pain accompanying. Intermitting pain is also a marked sign of true toothache, especially in the after part of the day, and forepart of the night,—the febrile exacerbation—the determination of blood to the head and face, which gives the flushed cheek more or less to all in the evening, accounts for more pain being experienced at this time than any other in the twenty-four hours. Few have toothache in the morning: hence, the promises which are made in the night, that the tooth shall be extracted in the morning, are, on account of the absence of pain at that time, so frequently broken by the sufferer. When these symptoms are present, and there is no seeming elongation of the tooth from

the socket, and no undue sensation by sharply striking against the cutting edge or grinding surface of the tooth, with a hard instrument, it may be generally relied on as diagnostic of true toothache.

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*A few Remarks on the Treatment of Nasal Catarrh.* By JOHN R. PRETTY, M.R.C.S.E., L.S.A.—(London Medical Gazette.)

The fluid and dry diet has each its advocates for the cure of coryza. The advantages of warm drinks and good nursing, are—the restoration of checked perspiration—the removal of the intropulsive effects of cold—the diminution of fever, of the acrimony of the discharge, and of the tendency the inflammation exhibits to descend to the trachea, bronchi, &c.

The disadvantages are—the confinement required, and the debility and relaxation produced, rendering the patient, who was previously in a probably enervated state, still more so, and when cured is in a condition most favorable for a return of the disease.

The dry diet imposing almost “total abstinence from liquids,” as recommended by Dr. C. J. B. Williams, has the advantages of curing the patient within “48 hours;” requires little or no alteration in the kind of food taken—scarcely any nursing—cannot relax the patient or leave him more liable to a return of the complaint.

The disadvantages are—the self-denial required; the undiminished (I think increased) acrimony of the discharge, accompanied, according to my little experience, with a greater tendency for the inflammation to descend to the chest.

A third plan of treatment has been advocated in the Medical Gazette, June 1st, by Dr. Lockwood, U. S.—the painting with a camel-hair pencil the Schneiderian membrane with a solution of nitrate of silver, Dr. L. states, that he has adopted this practice for nearly a year with immediate success when applied at the commencement of the attack.

I have for a period of two years adopted a plan of treatment more easy, and with much success, and which I imagine would be less objected to by patients, viz., the injecting the nostrils with a solution of sulphate of zinc (about gr. iij. to 3 i. of water). I order the patient to fill a 1 oz. pewter syringe, and inject each nostril once or twice, and whilst doing so to stoop over a basin. When the injection has been used at the commencement of titillation in the nostrils, I have found it cut short the attack. If the complaint have proceeded farther, I have found it better to wait for the vessel's commencing dis-



gorgement by the discharge, for if not, the injection causes for a few seconds aching about the frontal sinuses, and does not prevent the discharge occurring. Usually injecting the nostrils once is sufficient; the discharge may, however, return, when the injection will be again required. Sometimes the nostrils in severe cases have to be injected three or four times.

When a patient complains of coryza, and is unable to get rid of it, I have found the injection stop a discharge, which has existed for several days, in ten minutes. In such cases, with a relaxed state of the Schneiderian membrane, the utility of the injection will be most marked: and it is exactly in these cases that the fluid plan of treatment will be found injurious.

Great susceptibility to coryza may arise from an atonic state of the vessels of the pituitary membrane, besides a relaxed state of system and increased perspiration. If under these circumstances the injection be used, this liability to nasal catarrh will be greatly removed.

The usual prophylactic treatment can at the same time be most advantageously employed, viz., curtailing the amount of fluid, not allowing any to be drunk hot; using the flesh-brush and tepid or cold bathing where admissible.

When a tendency to phthisis exists, it is most important to guard against cold, for with coryza the lungs may suffer from inflammation descending from the Schneiderian membrane, or from respiration being confined to the mouth.

The nose is nature's "respirator," and when its lining membrane is too swollen to allow of breathing through it, the air passing unwarmed to the larynx, proves an additional excitant to disease. Frequently persons with severe coryza, after having been confined to a warm room during the day, retire to a cold bed-room for the night; they cannot as usual breathe through their nostrils, and if something be not kept over the mouth, they often awake with a sore throat and cough. At such a time, a respirator worn at night is most useful in preventing these.

When an instrument of this kind is required, I would recommend to the notice of the profession, Mr. Rooff's Inspirator, for the easy respiration it permits, producing a warm, moist atmosphere, without becoming clogged by moisture. Another advantage in its construction, is the use of very fine tubes instead of wire gauze, and a valve for preventing the expired and inspired air commingling; and thus a supply of pure air is insured.

I am surprised that coryza has not been usually treated locally as well as generally. However, as sulphate of zinc and nitrate of silver are found useful in inflamed conjunctivæ, this

may be an inducement to try them when the Schneiderian membrane is similarly attacked.

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*Corns, Bunions, and Curved Nails.* By CHAS. MERRIFELD.—  
(Boston Medical and Surgical Journal.)

FIRST, *Their Cause.*—The shoe manufacturer is not altogether to blame for these complaints, as sometimes the stocking produces them, and retains them upon the feet for years after. Boots or shoes are generally the primary cause, and *India-rubber over shoes* more than all others. They *heat* the feet more. The direct cause is heat and friction, combined with gentle pressure, which we always experience with a new, or misfitting boot or shoe. Stockings which have large seams in them, which press or imbed themselves into the large joints of the foot, are a fruitful source of corns, bunions, and enlarged joints. The lining of the boot is so situated as sometimes to raise a crop the first day it is worn. It may therefore be concluded that a proper shape, and a nice fit, are necessary to remove the cause, and to insure a permanent relief. A very tight, good fitting shoe or boot, will prove less productive of evil than a large misfitting one. In a word, one can wear a boot or shoe, as tight as they can a glove on the hand, or as the skin is on the foot, if they can find one to fit as well.

The rubber shoe I have attacked, and therefore it is but fair that I give some reasons for so doing. First, to suit the eye it must set close to the boot or shoe, over which it is worn, and it is put on warm, or when flexible; but when it becomes cold, is smaller than it was before, and consequently the foot is brought into a smaller compass, the shoe compressed, which before was comparatively easy, so that uneasiness and actual pain ensue. Every point on the foot suffers—and especially those having corns or callosities. These imbed themselves still deeper into the flesh, till the agony is sometimes almost beyond endurance. This is experienced when riding, walking, sitting in church, or by the fire-side. Relief only comes when the rubber is taken off. Next, an unhealthy condition of the feet follows. Who would have their extremities covered with cataplasms from morning till late in the evening? No *well* person would consent to it; yet rubbers are worse, for they retain the heat and exhalations, and create vesicles or blisters, without exerting any healthful influence. Sufferings thus produced ultimately impair the general health. Upon some they excite the perspiration to such a degree, that the feet are constantly wet; more so certainly than they would be under ordinary circum-

stances, even were they not protected at all against external dampness. Now who will say that this continual drain upon the system will not affect the health, producing, as it naturally must, (in passing through the sudden changes of heat and cold connected with every-day life), colds, coughs and consumption.

The same causes that irritate old corns, will produce new ones; and if continued, increase the magnitude of the old ones by forming sacs at the bottom, which are often found, when corns are extracted, resembling the pulpy nerve of a diseased tooth—a sac filled with fluid. Boots or shoes too short, too narrow or two thin through the toes, will produce all the trouble that is discoverable with nails that grow into the flesh, become clubbed, thick or bloodshot. Yet these sometimes come by accident.

With respect, however, to rubber shoes, it is not their use, but their abuse which should be discountenanced. They are useful when put on cold, and worn in the wet and cold; but should not be kept on while sitting in a warm apartment. Some persons wear them in warm shops to work in, because they are soft and easy to the feet; but such people ascertain, sooner or later, that their feet are tender, sore and painful; and they are more susceptible to colds.

I may differ from some of the profession in my definition of corns; but what I pretend to know about them, did not come from books, but from actual experience, from handling and dissecting them every day for years. The public has been misled by London Jews and German quacks, and many other itinerant pretenders, who have visited our more populous towns, being well supplied with points of bristles, and the like, which they have shown, and pretended to take from the foot, rendering their operation more satisfactory at the time, and causing the patient to part with his money more readily. So far as my observation extends, there is not one corn in one hundred that will compare with their showing. Corns vary in their shape and size, as much as the pebbles upon the sea-shore; neither are they composed of the same material in all cases. First we find one composed of serum, next pure blood, then matter coagulated, and lastly lymph. All corns are enclosed in a sac, or bag, which proves them to have been, at some period, blisters just under the cuticle, filled with serum; or perhaps they were blood-blisters made in the skin, or they commenced as deep ulcers. The matter, not discharged in the latter case in healing, becomes coagulated by the heat of the foot. Most of these kinds of accumulations become a very hard substance, and usually take a conical form. This depends much, however, on surrounding circumstances, and the degree of pressure,



which combine to irritate and inflame the part. A small sac at the bottom of the old corn, which, in its turn, coagulates, and adds to the former difficulty, constitutes a striking variety. Common callosities, existing, as they are sometimes permitted to, on the joint, are very liable to cause all the evils before mentioned, and in addition, the large joints, and instep to inflame, and displace the small bones. Some corns are so sharp-pointed, that from constant pressure they are driven deeply into the cap of the joints, and the writer often finds those that have completely severed some of the minor blood-vessels. In either of the three last locations, they prove sorry accompaniments. They are more difficult to operate upon, and need a longer course of treatment, but may be cured without pain or the appearance of blood.

Bunions are a multiplied and complicated mass of the same materials, often embracing all the varieties in a single lump; they may be removed by the same treatment resorted to in the others, and now familiarly known, as the operation has become a distinct branch of business in the hands of chiropodists.

The old and vulgar idea that corns grow from the bone, to the surface, still has its advocates. As they grow from the surface into the foot, I find no difficulty in removing them entirely from their irritating position.

Now if there are any unbelievers among physicians, in respect to the modern improved method of extracting corns, I respectfully invite them to witness my process. It is useless to attempt a description of the operation, as it must be seen to be understood.

154 Washington-st., Boston, Oct. 10, 1849.

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*Cholera—its Course and Ravages.*—(Cincinnati Gazette.)

The cholera has now swept over the entire extent of the Mississippi Valley, as an epidemic, and spent its force at nearly all important points. Its deadliest ravages have been at New Orleans, St. Louis, Quincy, Nashville, Lexington, Cincinnati, Sandusky city, Lafayette and Buffalo. Of towns and cities of considerable size that have been visited by it, it has fallen most lightly on Mobile, Natchez, Vicksburg, Louisville, Wheeling, Detroit, Cleveland, Columbus, and Pittsburgh. The small towns in which it has raged worst, are Bellville in Illinois, Lebanon in Tennessee, Paris and Richmond in Kentucky, Aurora, Boston and Napoleon in Indiana, and Eatonton, Vandalia and Minster in Ohio. Places that have suffered a good deal, and yet cannot be classed among the worst, are Chicago,

Alton and Peoria in Illinois, Memphis and Clarksville in Tennessee, Maysville in Kentucky, Richmond in Indiana, Xenia, Dayton, Springfield and Batavia in Ohio. "The Coast" at Louisiana has also suffered a great deal from first to last, 19 to 25 per cent. of the slaves being carried off by the disease on the principal plantations. Places of considerable size which have either nearly or altogether escaped the visitation of the pestilence, are Jackson in Mississippi, Little Rock in Arkansas, Huntsville, Tuscaloosa and Florence in Alabama, Knoxville in Tennessee, Glasgow, Shelbyville, Frankfort and Georgetown in Kentucky, Cairo and Springfield in Illinois, New Albany, Madison and Indianapolis in Indiana, and Zanesville, Steubenville, Marietta, Chillicothe, Hamilton and Rossville in Ohio.

Here, now, are singular facts, plainly showing the mysterious and capricious character of this dreadful disease. It appears here, there, elsewhere, suddenly, and often giving no warning, without reference to lines of travel, regardless of natural water courses, wholly independent of the direction of prevailing winds, and uncontrolled by the topographical character or geological formation of the district within its general course. Spending itself where it lights first, either gently or ferociously, it disappears, and while neighboring points are standing in awe of its proximity, and daily expecting its desolating presence, it suddenly appears in altogether another region, a hundred or two miles away. And again, two or three weeks, or two or three months afterwards, while those who seemed to have escaped are still warm in the congratulations of each other, and are beginning to talk and write about the superior healthfulness of their towns, the destroyer retraces its steps, strikes at their best and their worst, their strong and their feeble, alike, and carries mourning to every household.

This is the manner in which the cholera has appeared and disappeared in the course of its march over the Mississippi Valley. For weeks it is at New Orleans, and does not appear at Natchez, or Vicksburg, or Memphis, although the intercommunication is incessant; for even months it is in that city, and does not appear in Mobile at all, except in the instances of three or four persons who came home with the disease developing in their systems, and die of it. It appears at St. Louis, and scourges that city as no other American city has been scourged; and yet for the space of five months the city of Alton, a few hours' travel above, on the same river, and in daily, we may say, hourly communication, does not feel its presence in a single case.

Then Alton is stricken, and in a fortnight many of her best citizens are borne to the grave, while the vile look on and

escape. It leaps to Cincinnati, moving over hundreds of miles of populated country in a direct line, and passing by many towns and cities on the water line of travel, and for two months subjects us to its terrible ravages, carrying off thousands of our people. Yet while this is going on, a populous city but little more than a hundred miles from us, nearly altogether escapes its presence, and many smaller towns, at half that distance, remain wholly exempt from its visitation. Then it leaps sixty miles north to Dayton, a city of 12,000 to 14,000 inhabitants, and eighty miles south to Lexington, a city of 7000 to 8000, and fills their cemeteries with new-made graves, while the intermediate towns, with their populations of 1000 to 5000 each, experience entire immunity. In the rural districts, too, the same capriciousness is shown. In some counties almost every town of from 100 to 300 inhabitants has witnessed the presence and the ravages of the disease, while in adjoining counties even its breath has not been felt.

And now, having moved thus capriciously from one extreme to the other of this great valley, it threatens to return upon its track, and wrap in darkness and desolation the places that till now it has spared. This, indeed, is what it has already to some extent done, in so recently striking Lebanon in Tennessee, and Harrodsburg in Kentucky, and Springfield in Ohio, and Birmingham near Pittsburg, and some other places near which it showed itself a month or two ago, and from whose vicinity it had almost entirely disappeared for weeks.

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*Stricture of the Œsophagus.*—(Boston Med. and Sur. Journal.)

One of the most extraordinary cases of stricture of the œsophagus, known to us, now exists in a shoe-maker, of Boston, who actually, keeps himself alive by the habitual practice of an operation that no surgeon in New England would dare perform in the rough manner pursued by this unfortunate sufferer. He is a small man, rising of 70 years of age. For many years he had extreme difficulty in swallowing food. Deglutition finally became so painful, that he took advice at the Mass. Gen. Hospital, and, according to his own representation, an instrument was introduced down his throat. The relief was not entirely satisfactory: but discovering that the principle was right, since there was evidently a narrowing in the canal, the idea was conceived of practising upon himself. At the extremity of a rattan, perhaps a yard in length, and a quarter of an inch in diameter, he wound on a mass of hemp, which was confined by twine. A rough mass, six inches long on the



stick, and an inch thick at the lower extremity, was thus made. Having oiled it, the old man fearlessly forces it down through the œsophagus, fairly into the stomach. This he is obliged to do frequently, otherwise the strictures—for there are two, one just at the top of the sternum, and the other a little above the cardiac orifice—become so closed, that fluids cannot pass at all. Sometimes, after swallowing a draught of water, it is stopped at the lower constriction. To relieve himself, under such a dilemma, he thrusts down a long feather, which produces nausea, and by the sympathy of the gastric apparatus vomition is induced, and the confined fluid, according to his account, forced back. Sometimes food is checked in its descent, at the same point, and ejected by mechanical assistance.

On Tuesday, of last week, after giving us a minute history of his condition, the narrator oiled the monstrous probang, forced it down into the stomach, and brought it back dripping with gastric juice. Not long since, the lower stricture utterly refused to allow the great swab to pass. Recollecting that tobacco was a *relaxer*, while the rattan was protruding above his teeth he calmly lighted a pipe, and by taking only a few whiffs had the satisfaction of relaxing the muscular grip, and down the mass went, passing the rebellious point into the great membranous receptacle below. On one occasion, the probang was coated over with ground mustard, and thrust through the strictures, on the supposition that they required stimulating!

A more singular case, one more truly formidable in character, and managed in the rude, fearless manner here described, cannot be found, it is believed, in the annals of surgery. Under any plan of treatment but his own, this man of ten millions would have been dead, years ago, a victim to an incurable malady. With the course he is habitually pursuing, life may be protracted till he is unable to repeat the operation, and then he may die of starvation.

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*Chorea, with suppression of the Menses, treated successfully by Ammoniated Copper and Extract Belladonna.* By THOMAS E. EVANS, M. D., of Decatur, Newton Co., Alabama.—(New Orleans Med. and Surg. Journ.)

Miss J., ætat. 18, had for eighteen months previous to date, (June 29th, 1846,) slight symptoms of chorea, which gradually increased until March, 1846: she was then placed under the professional care of Dr. J. W. of this place. *Treatment.*—Bleeding, blisters to spine, mercurial course, &c., steadily persevered in, until the above date, June 29th, at which time the

case was abandoned by the above gentleman as hopeless, and her death declared certain.

June 29th. Visited Miss J. for the first time. Symptoms.—Countenance pale, anxious, sunken; breathing with considerable difficulty; spasms violent and constant, extending over the whole body, so that two persons had to be constantly employed to keep her on the bed; muscles of throat and tongue rigid, so much so, that speech and deglutition were both in a great measure suspended; bowels irregular; tongue slightly furred; pulse small and irregular, varying from 130 to 150; has not menstruated for twelve months; spinal column slightly tender and a little curved, probably by the constant spasms; usual period of catamenia 8th to 12th of the month.

℞. Ammon. cupri, gr. ss.

Ex. Gentian, grs. iij. M. ʒ. pil. *ter die sumenda*.

*Applicetur*.—Emplast. hydrarg. ant tart. ad spina. ℞. Aloes; sapo Castil. aa. M. ʒ. divid. in pil. grs. iv. singul. quatuor pro re nata, nocte sumenda.

June 30th. Less rigidity in the muscles of throat and tongue; has swallowed with more facility; can articulate indistinctly; bowels acted twice; skin moist. Slept some last night; spasms still continuous, but is more cheerful: prescription continued.

July 4th. Improving steadily; can swallow, and speak more plainly; complains of emplast. ℞. Ammon. cupri, gr.  $\frac{3}{4}$ ; ex. gent. grs. 5; *ter die*.

July 8th. Better. Omit capri sulph. ℞. Ext. belladonna, grs. iij. *ter die*. Warm mustard pediluvium at night.

July 9th. As yesterday.

July 10th. Slight menstrual discharge and very offensive; has produced a good effect on the mind. Rep. ext. belladonna, *ut here*.

July 11th. Improving rapidly; the spasms, which have been constantly becoming milder, are now scarcely perceptible; can walk with a steady gait and has tried to knit. Catamenia present.

℞. Ammon. cupri, gr. i.

Ex. Gentianæ, grs. iij.; *ter die*.

July 12th to 15th. Catamenia still flows moderately and has assumed a healthy character.

July 20th. Attendance discontinued; the pills of ammon. cupri to be continued for three weeks more, and the belladonna taken on the 8th, 9th and 10th of next month.

At the time of penning this paper, Miss J. yet unmarried, is and has been ever since July 20th and 24th, in fine health.

I have allowed this length of time to elapse, nearly three years, in order to be fully assured that the cure was complete;

this is the third case I have treated successfully with cupri ammon. and belladonna, after all other modes had failed. One at Southampton in England, in 1832; when under the instruction of W. S. Oak, M. D., of the Royal College of Physicians; one in Tuscaloosa, Ala., and the one sent you. I make no comments.

My rule for the seventeen years of my professional life, has been to follow that course which experience teaches me is most successful. I have frequently given belladonna in suppressed catamenia after other remedies had proved abortive, and with pleasing success.

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*Case of Fracture and Depression of a large portion of the Parietal Bone of a Child, relieved by the use of Cups.* By W. L. MOULTRIE, M. D., of St. John's, Berkley, S. C.—(Charleston Medical Journal and Review.)

MESSRS. EDITORS:—The following case having been related to an esteemed medical friend, it was deemed of sufficient interest to be worthy of a place in your Journal, and I have accordingly prepared the following brief monograph of it, which is herewith transmitted to you, to be disposed of in any way that your own views of the matter may suggest.

A negro child, 5 months old, the property of the Hon. T. Bennett, of Mepshew plantation, was brought into my office on the morning of the 2d of May, 1849, having incurred a fracture and indentation of a large portion of the right parietal bone, the depression being sufficient to contain with ease the bowl of a large table-spoon. The great disfiguration of the natural spherical shape of the head caused by the injury, unaccompanied as it was, when I saw it, by any manifest disturbance of the functions of the brain, presented altogether an unusually disproportionate relation between the extent of injury and the usual accompanying morbid signs in such cases. The child had, however, as represented, by both mother and nurse, who brought him to me, been in a state of insensibility from the time they first discovered the accident, (the time and manner of the occurrence of which they could give no information,) until he arrived at my office—a period of time, judging from the distance travelled, on foot, and the time otherwise occupied in receiving instructions relative to it from the owner, must have taken up at least half an hour. By this time, however, the brain had recovered its functions, and the only and immediate object remaining for my attention and duty was to relieve the depressed condition of the bone. And here will be found the



chief interest which has induced me to invite your attention to the case.

The application of the cupping instruments two or three times, until they could be brought to work effectively, together with the addition of traction upon the cup when it had taken firm hold, completely and easily effected entire restitution of the bone to its natural position. It is now upwards of two months since the accident, and the child is without the occurrence of any evil result from the injury. Simple as this case is, it is not without its teaching. The ease with which, in this instance, the object was attained affords abundant reason to believe that in similar cases of older subjects, where the bones of the head have attained even greater development and firmness, the cups would yet be adequate to accomplish the elevation of bone fractured and depressed by violence, and in this way probably supersede for the time the necessity of operating by incisions and the use of the trephine and elevator, at all times requiring great surgical skill and mechanical dexterity. The time that would be occupied in making trial of the cups as a preliminary measure, particularly upon the craniums of young subjects, could scarcely add any thing to the danger of their condition, and if found adequate to accomplish all that is desired, short of the last resort to the more complicated and graver mode of surgery, as did occur in the above case, would be so much saved to the perils of the subject, as well as so much spared to the feelings of the surgeon himself, who, however confident in knowledge and skillful in practice, must entertain an abiding anxiety and doubt as to the result of his operation until time shall have revealed to him its success.

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*Some facts relative to the Spheroidal state of Bodies—Trial by Fire—Man Incombustible.* By P. N. BOUTIGNY. Reported to Academie de Sciences.—(Southern Literary Messenger.)

“Upon my return home,” says M. Boutigny, “I did not fail to inquire of the workmen what would happen if the finger were immersed in the incandescent mass of melted iron? Most of them laughed in my face. But that did not discourage me. After a while, being at the forge of Magny, near Lure, I repeated my question to a workman, who replied that “nothing was more simple;” and to prove it, he instantly passed his fingers into the incandescent column of ore which was just then issuing from a Wilkinson. Another workman, who stood by, performed the same experiment with equal impunity. Emboldened by what I saw, I did the same.”

The fact in question was no longer doubtful, but M. Boutigny

hesitated to communicate it to the Academy until he should be prepared to support it by the adduction of various other experiments. These experiments he thus describes: "I cut or divided with one hand a spout of melted ore five or six centimetres (about 2 inches) in diameter, as it issued from the furnace; and plunged the other into a vessel filled with the incandescent liquid, which it was really frightful to behold. I shuddered involuntarily. But both hands issued victorious from the trial; and now, if anything appears surprising to me, it is that similar experiments are not of every day occurrence. Certainly it will be asked what precaution should be taken to guaranty the hand from the action of the burning fluid? I answer none! Fear not. Perform the experiment with confidence. Pass the hand rapidly, yet not too rapidly, into the molten mass. If the experiment is made timidly and with too great rapidity, you may overcome the repulsive force which exists in incandescent bodies, and thus establish contact with the skin. In that case the skin would indubitably remain there and in a condition not difficult to conceive. The experiment succeeds particularly well when the skin is moist. The involuntary terror which one experiences in presence of these masses of fire almost always puts the whole body in that condition of moisture essential to success. The following I have found to be the best preparation for the experiment. I rub my hands with soap, so as to give them a polished surface. Then at the moment of making the experiment I plunge the hand into a cold solution of sal ammoniac saturated with sulphurous acid, or simply into water containing sal ammoniac, or if you have not the latter substance convenient dip the hand merely in cold water."

M. Boutigny then gives the following philosophic explanation of this phenomenon:

"It is to my mind a positively established fact that the hand and metal do not come in contact with each other. If there be no contact, heating can only take place by means of radiation. This is enormous it must be admitted; but in our experiment no account need be taken of radiation, for in fact it is nullified by reflection. I think that I have long since proved that water in the spheroidal state possesses the remarkable property of reflecting the calorific rays, and that its temperature never reaches that of its boiling point: whence it follows that the finger or the hand, being moist, cannot attain the temperature of  $100^{\circ}$ , the experiment not being of sufficiently long duration to permit the complete evaporation of its moisture to be effected. Persons familiar with the experiment of immersing in water a body of incandescent silver or platina, will readily un-

derstand the mechanism of this. In the first case it is the water retiring from the metal which then seems to be enclosed within a crystal envelope; in the second case it is the liquid metal which retires from the moist hand. In the first place the metal is active and the water passive; in the second, the moistened hand is active and the fused metal is passive. It is the same experiment reversed; and the two form but one. In one word, the hand, inserted in metal in a state of fusion, isolates itself. The humidity which covers it passing to the spheroidal state, reflects the radiant caloric and is not heated sufficiently to boil. It is true, therefore, as I said in the beginning, that this experiment, apparently so dangerous, is in fact almost absolutely without danger. I have often repeated it with lead, bronze, &c., and invariably with the same success. Thus in the course of ten years I have made ice in a furnace heated to whiteness, and have bathed with impunity in a mass of incandescent metal; and that by virtue of the laws which govern matter in the spheroidal state. It results also from these notes that a considerable number of facts reported in history and generally deemed fabulous, may well be true. Ancient philosophers probably knew much that we are now ignorant of. A little more respect for them and a little less admiration for ourselves would do us no harm."

The pretended miracle by which one of the Eastern Magi, disciples of Zoroaster, is narrated to have gained thousands of converts, is now of easy solution. He proposed that twenty pounds of molten brass should be poured hot from the furnace upon his naked body, upon condition that if he underwent the trial uninjured, unbelievers, constrained by the prodigy, would profess conversion to the faith. It was done, and the scientific impostor witnessed the rapid acceptance of his creed.

[We shall be satisfied to leave these experiments to others.]—EDT.

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*On the Pathological Treatment of Hooping-Cough.* By J. PIDDUCK, M. D.—(*Lancet*.)

Pathological anatomy has supplied the principle which leads to a rational practice in this disease. It has demonstrated the existence of a congested state of the vessels at the origin of the pneumogastric and other respiratory nerves, and a more copious effusion of serum around the medulla oblongata than in death from other causes, except those involving diseases of the lungs and heart.

It was the discovery of this state of the vessels at the origin



of these nerves, by the late Dr. Sanders, of Edinburgh, which led him to a rational and successful practice in whooping-cough. It consists in applying leeches directly over the junction of the occiput and the atlas vertebra, for the purpose of relieving the congested state of those vessels, followed by a blister between the shoulders, to promote their contraction. The rubefacient effect of the blister is sufficient to answer this indication, and therefore, in delicate children, the mustard-poultice is preferable to a blister. The rule to be observed is, to apply one leech for each year of the child's age, from one to six; and immediately after the leeches, the small blister or sinapism; and to repeat the leeches and rubefacient on the third or fourth day, if necessary.

The first application usually succeeds in arresting the violent paroxysms of the cough; sometimes a second, but very rarely a third application is required to put an end to the paroxysms.

During the period of nearly thirty years that I have pursued this rational practice, I cannot recollect a single instance of failure in uncomplicated cases of whooping-cough.

This mode of treatment applies strictly to the uncomplicated cases of whooping-cough. The several complications require their separate and appropriate modes of treatment. Leeching the upper part of the spine, and blistering between the shoulders, by arresting the violence of the cough, speedily remove the congested and inflammatory states of brain which the whooping cough frequently occasions. The catarrhal complication requires the exhibition of the wine of colchicum, combined with an alkali, after clearing the alimentary canal. The bronchitic and pneumonic complications require the administration of the potassio-tartrate of antimony with nitrate of potass; and the biliary complication of mercury and rhubarb, with saline aperients.

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*On the Use of Opium in Continued Fevers.* By A. G. HENRY, M. D.—(Boston Med. and Surg. Journal.)

For the last twelve years, opium, in *four* and *five* grain doses, has been my main remedy, in all forms of typhoid fever. In fact, when I use it at all in fever, it is in four or five grain doses. I claim to have demonstrated, beyond all reasonable doubt, by a long and careful observation and experience, that while the maximum doses of the schools are of doubtful utility, and often prove injurious in fever, by increasing the dryness of skin, aggravating the pain in the head, &c.—*a five grain dose* will, nineteen times in twenty, produce free perspiration, and

relieve every unpleasant symptom. The notion that so generally prevails among the profession, that opium cannot be used to advantage in fever while there is determination to the brain, is certainly erroneous, if it is given in the doses which I recommend, unless there is *actual* inflammation of the membranes—and cases of this kind are extremely rare, in my opinion, Dr. Clutterbuck to the contrary notwithstanding.

There is, I believe, a high degree of *irritation* in the brain, in our billious remittents, as a very general thing; and this irritation may ultimately terminate in actual lesion; but until this takes place, opium, in sedative doses, is, in my opinion, the appropriate remedy. I would not, however, theorize upon the subject. The practice which I advocate has been based upon facts, and I leave it to abler heads than mine to frame a philosophical theory to suit them. All I ask of my medical brethren is, to so far lay aside their preconceived opinions as to give the dose which I recommend a fair trial, when they resort to opium in fever as a remedy; and, my word for it, they will find the remedy, in four grains, not only safe, but far more beneficial than when given in one or two grain doses, at one or two hours intervals.

For example—I am called to a case of remittent fever in the morning. I find my patient with hot, dry skin, violent pain in the head and back, &c. If of a full plethoric habit, I would bleed, (but I very rarely resort to the lancet latterly); evacuate the stomach and bowels freely; and at bed-time, I would give him five grains of opium, with ten or twelve of calomel, and direct him to drink *hot* tea for an hour or two. I should visit him in the morning with the confident expectation of hearing that he had rested well during the night, perspiring freely, and the pain in the head and back entirely relieved. I would then direct a purgative of salts and senna, or salts and cream of tartar, to be taken during the day. At night, I would give the calomel and opium again, and in the morning I should expect to find symptoms of slight ptyalism, with a full intermission, when *three* five-grain doses of quinine, with laxatives, would end the treatment. \* \* \* \* \*

The great power of opium as a remedial agent, when given in full *sedative doses*, is most striking and manifest in *dysenteric fever*, which so often prevails epidemically in your section of the Union. Nine times in ten, a single five-grain dose, combined with ten or fifteen of calomel, after blood-letting, will cure the disease, if resorted to within twenty-four or thirty-six hours of the attack.

*Treatment of Orchitis.* By BRANSBY COOPER, Esq., F.R.S., &c.  
(Medical Gazette, from Braithwaite's Retrospect.)

[After stating that in persons of a full plethoric habit, blood should be taken from the arm, and that in other cases leeching should be employed, Mr. Cooper says:]

In my own practice I always recommend cupping on the loins in addition to the leeches, taking  $\frac{3}{4}$  viij, of blood; and I have found, by experience, that the pain is relieved with much more certainty by this plan than when leeches alone are employed; I also generally employ the following as internal remedies.

R. Hydrarg. chloridi, gr. iss.; pulv. antim. potassio-tartratis, gr.  $\frac{1}{3}$ ; pulv. opii. gr.  $\frac{1}{2}$ . M. Ft. pilul. statim sumenda.

R. Magnes. sulph.  $\frac{3}{4}$  iij.; liq. ammon. acet.  $\frac{3}{4}$  j.; liq. antim. potassio-tartrat.  $\frac{3}{4}$  iss.; trœ. hyoscy.  $\frac{3}{4}$  iss.; aq. menth. virid.  $\frac{3}{4}$  vij. M. capt. cochl. larga. ij. quaque tertia hora donec alvus bene responderit.

As a local application, I have also found the following lotion beneficial:—

R. Ammon. hydrochlor.  $\frac{3}{4}$  iss.; sp. vini. rect., liq. amm. acet. aa.  $\frac{3}{4}$  ij; aquæ destil.  $\frac{3}{4}$  iv. M. Ft. lotio sæpe applicand.

If the inflammation be not subdued by these means, and the vessels of the scrotum appear to be congested, they must be opened with a lancet, and copious bleeding promoted by warm fomentations; the patient should be kept in a recumbent position, and made to abstain entirely from animal food.

[If the affection of the testis arises from metastasis from the urethra in gonorrhœal inflammation, we must apply warm fomentations to the scrotum, perineum, and penis, in order to re-establish the discharge, and when this is done, calomel and opium given every night is stated by Mr. Cooper to be the best means of preventing a return of the disease. As to rheumatic orchitis, Mr. Cooper observes:]

Persons who are subject to rheumatism appear to be especially predisposed to a peculiar description of orchitis which seems to attack the tunica albuginea: this form of the disease may be diagnosed, by its commencing without any apparent exciting cause, if we except the rheumatic tendency of the patient; the disease generally yields without difficulty to the administrations of alkalies and a small dose of colchicum at bed time. Individuals of gouty diathesis are also liable to a somewhat similiar affection. I had a gentleman, a martyr to gout, for many years under my care, in whose case the attacks were frequently preceded by discharge from the urethra and swelling of the testicle, without his having subjected himself to the possibility of venereal infection.



It sometimes happens that after acute orchitis (whatever its origin may be) has been subdued, enlargement and hardening of the testicle still remains, unattended, however, by pain or uneasiness: the swelling is best reduced by the application of the following ointment:—

℞. Ung hydrarg.; cerat. saponis, aa. 3ij.; camphoræ, gr. v. M. ft. unguentum.

The ointment should be spread upon lint, strips of which should be laid smoothly over the swelling, and these confined by adhesive plaster applied so as to maintain considerable pressure upon the parts. Some practitioners have recommended pressure as the most effectual means of subduing the swelling from acute inflammation in its early stages, but I do not much advocate such practice, excepting as a secondary mode of treatment.

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*On Senile Enlargement of the Prostate.*—(Medical Gazette.)

The enlargement seems to be true hypertrophy, as it is rarely attended by any alteration of texture, although I have in some few cases found the gland softer, and in others harder, than natural. The symptoms in enlargement of the prostate gland depend with respect to their urgency upon the size it has acquired; they are, sense of weight in the perineum, intolerance of pressure from the hardness of a seat; difficulty in passing the urine, and also in voiding the fæces which will be found flattened by the encroachment of the hypertrophied gland on the rectum.

At this stage of the complaint, the retention of urine occasionally supervenes, rendering the introduction of a catheter necessary. This operation should be performed with the utmost gentleness, as the slightest flow of blood would cause decomposition of the urine, and consequent the aggravation of all the symptoms. An elastic gum catheter should always be used for drawing off the water, and, if possible, it should be introduced without a stilette; leeches should be applied to the perineum; the rectum emptied by means of enemata; and suppositories, recumbent position, and soothing remedies employed. I have also found colchicum of great use in such cases, and I believe that its beneficial influence arises from the circumstance that this disease frequently attacks subjects of a gouty diathesis. I usually prescribe the colchicum in the following form.

℞ Ext. colchici acet. gr. j; pil. hydrarg. gr. j.; pulv. Doveri gr. v.; ext. colocynth. co. gr. iij. M. ft. pil. bis quotidie sumenda.

As the complaint takes its origin from a particular epoch of life, nothing more than relief of the symptoms can be expected ; but nevertheless, by a judicious system of diet, by keeping the patient from excess of bodily exertion, and from vicissitudes of temperature, his life, which was scarcely supportable under the violent symptoms of the disease, is rendered comparatively free from pain and inconvenience.

It does not always happen that the whole of the prostate gland becomes hypertrophied in old age ; but very frequently the third lobe only is affected, or perhaps it may more properly be said that a new development arises ; for in a state of health, at the adult period, the third lobe is scarcely perceptible. When this third lobe enlarges, it presses the inferior region of the bladder or "trigone" upwards above the commencement of the urethra in the bladder, preventing the evacuation of the urine, and consequently producing retention. Nor is this the only inconvenience ; for by the raising of the bladder immediately behind the prostate, a kind of reservoir is established below the entrance to the urethra ; and, in the effort to empty the bladder, a portion of its contents is always left ; this becomes specifically heavier than the newly secreted urine, which does not intermix with it : and, after a time, the retained urine undergoes decomposition, which gives rise to very urgent symptoms—such as frequent desire to make water, tenesmus, deep-seated pain in the perineum, and liability to positive retention. It is quite clear that these symptoms cannot be removed while the exciting cause remains ; the foetid urine must therefore be immediately drawn off by means of the catheter. In such cases there is, however, a difficulty in passing the instrument, as the enlarged lobe offers some degree of obstruction to its passage, and this is only to be overcome by employing a longer and larger catheter than that usually made use of ; this instrument is generally termed the prostatic catheter. The mode of introducing the catheter in such cases is similar to that in ordinary practice, until it arrives at the point of obstruction, when the penis and instrument are both to be drawn forwards for the purpose of straightening the urethra ; the handle of the catheter is then to be considerably depressed, so as to tilt up the point, and it is then pressed onwards into the bladder. But, having effected this, the urine would only be drawn off to the level of the urethra, and the heavier fluid would still remain, unless further means were employed for its removal. The cleansing of the bladder may be effected by injecting it with tepid water by means of a syringe ; and an improved instrument has been invented for this purpose, by which a continuous current is kept, the same stroke of the piston removing one quan-

tity, and supplying a fresh one. Constitutional remedies must not be neglected; and when an alkaline state of the urine exists, medicines of an acid character are generally indicated. Among the most efficacious of these will be found the following:

R. Nitro-hydrochlor. acid, gtt. iij. ; syr. papav. ʒiij. ; inf. colomb. ʒiss. M. Ft. haustus ter quotidie sumendus.

In addition to this an opiate suppository at bed-time will often be found of great advantage; but if an acid condition of the urine be not thus restored, liq. potassæ will frequently be found capable of re-establishing the normal acid state: this anomaly has been accounted for by Dr. G. O. Rees, on the supposition that the alkali renders the secreted urine less irritating to the mucous membrane of the bladder, and preventing the secretion of alkaline mucus, for which the urine had acquired its abundant preponderance of alkali.

I must again direct your attention to the propriety of employing the prostatic catheter in cases of enlarged prostate; for I have frequently known great mischief arise from a perseverance in the attempt to relieve a patient by the ordinary instrument.

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*On the Treatment of Stricture.* By SAMUEL SOLLY Esq. F.R.S., Senior Assistant-Surgeon at St. Thomas's Hospital, &c. (Ibid.)

[Relating a case as an illustration of the mode of treatment, Mr. Solly says;]

I took a moderate-sized sound, and passing it gently down the urethra, found that there was some spasm, but not a great deal. Waiting a little, I moved it onward again, till I found it absolutely stopped. After removing it, I took a small catgut bougie, and, passing, it gently down, soon found it quitting the natural channel and entering a false passage. Having now ascertained the direction in which this passage ran, I then withdrew the bougie, gave the point a slight bend, and passing it in again, feeling round the urethra for the pervious spot, but avoiding the false passage, I managed to hit it off; so that the instrument slipped into the bladder without using the least pressure of force.

This is the great secret in the use of the thread-sized catgut bougie: it must be handled most delicately, turned in the urethra, something like a cork, screw, till the hole through which the urine escapes from the bladder is pitched upon, and this is immediately felt by the instrument passing forwards without any sensation of obstruction. The catgut bougie must never be



used with the idea of breaking down a stricture or pushing through it, but, if I may so express it, coaxing it into the bladder. Whenever you find the bougie spring back, you must stop and give it a little twirl between your fore finger and thumb; you may often have to work for half an hour or more in this way, without being able to hit off the opening; but patience and delicate handling will do a great deal. I assure you it is worth taking some trouble to relieve a fellow-creature effectually of such a serous malady without the use of the knife. Having passed the stricture, and entered the bladder, I desired that the bougie should be retained there for an hour. I attached great importance to the retention of the bougie; and with the catgut bougie there is this additional advantage, that the bougie swells to twice its original size.

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*On the use of Etherial Solution of Gun Cotton in the cure of Erectile Tumors without Operation.* By DANIEL BRAINARD, M. D., Professor of Surgery in Rush Medical College, Chicago.—(Ohio Med. and Surgical Journal.)

This adhesive liquid which was ushered into the profession with great recommendations as a substitute for needles in cases of hare lip, and for adhesive plaster in wounds, seems to have failed in fulfilling the expectations which were excited of its usefulness, and to have become rather an article of the *toilette*, and a substitute for court plaster, than a useful addition to our surgical armory. Struck, however, in the experiments with it, with the contractile power it possesses, I determined to test its application to the surface of any erectile tumor which might present itself for treatment.

During the last winter a case of nævus of the size of a very large strawberry, situated on the anterior fontanelle of a young infant, was presented for operation. I immediately covered it with a solution of gun cotton, and although it was much elevated above the surface, had the satisfaction of seeing it brought by the contractile power of the liquid in drying to a level with the sound skin. It was allowed to remain for several weeks, and then a fresh application made; and at the present time scarcely any trace of the nævus remains, although but two applications have been made.

The next case was that of a young child, with a nævus  $\frac{3}{4}$  of an inch in length, and  $\frac{1}{2}$  an inch in breadth, situated beneath the right eye. This at birth was scarcely perceptible; but in six months had acquired the size mentioned, and was rapidly increasing. In order to avoid the irritation resulting from its proximity to the eye, the application was made during the sleep

of the infant, and was required to be renewed twice a week, on account of its becoming loosened. After two months use, the nævus is scarcely perceptible, and the use of the solution has been for sometime discontinued.

It is not improbable, that by preventing the necessity of resorting to operations in such cases, this liquid may find a use more important than any to which it has before been applied.

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*On the Treatment of Asphyxia Neonatorum.* By J. O. FLETCHER, Esq., Manchester.—(Medical Times.)

[Referring to the plan of treating still-born children by the use of warm and cold water alternately, Mr. Fletcher, says:]

I have been in the habit for some years of treating all such cases in a very similiar way, and with great success. I first immerse the child in warm water, and, upon withdrawing it, cover the chest with a cloth or sponge well soaked with cold water (the colder the better :) again immerse it in warm water, and again apply the cold water, so on alternately using the hot and cold water, until there is evidence of respiratory movements. The first application of cold will generally produce a slight sob, and repeated applications will establish respiration. I conceive the good arises from the sudden impression caused by the cold on the cutaneous nerves, (which are the principal) "*excitor nerves*" in the reflex action of respiration. This is followed by response along the "*motor nerves*" of this function as the phrenic, intercostal, &c.; hence the sob on the first application, and the establishing of respiration by being repeated. I have for an equally long period, been in the habit of ligating the cord before the complete birth of the child, in breech and feet presentations, sometimes even before the pulsations were obliterated, believing as I do, that the child in these cases dies from hemorrhage into the placenta, arising from the umbilical vein being much exposed to pressure, by virtue of its superficial and unprotected position in the cord, which, together with the tenuity of its tunics render it very liable to have its current obliterated, whereas the tunics of the umbilical arteries are firmer, and they themselves not much exposed; thus they are in a measure protected from the consequences of slight pressure. Therefore, the flow of arterial blood through the vein may become obliterated, whilst the venous blood continues to flow along the arteries, from the child into the placenta, without there being any counterbalancing stream; hence the great mortality in these cases by the usual treatment, and hence the utility of ligating the cord early, thereby removing one fatal consequence; and, as it is well known that a child can breathe

in the vagina, its chances of life are not to say the least diminished, but, I think, much increased; for out of thirty-seven cases that I have treated in this way, *two children only have died*, which is saying very much more than I can say for the usual treatment. In this class of cases especially, I think the good effects of alternate application of cold and warm water will be seen, if tried.

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*Honor to whom Honor is Due.*—(Ohio Med. and Surg. Journal.)

An account of a case of tracheotomy performed by M. Ricord at the Hopital du Midi, where the operator finding that the machinery of life had ceased to act during the operation, applied his mouth to the aperture in the patient's throat, rendered very repulsive by the recent application of a blister, sucked out the pus and blood which were obstructing the trachea, and by artificial respiration restored the man to life, and finally to health, has been transferred from the columns of Medical Journals to those of the public papers, accompanied by sundry well earned compliments to the truly distinguished and philanthropic Surgeon, who, laboring under choleric symptoms at the time, allowed no thought of self to interfere with the performance of his duties to humanity.

The action of Ricord was a noble one; worthy of himself, his fame, his character and his calling; and we are well pleased that a corner of the curtain which hides us from the public gaze, should now and then be lifted up to let the world see what manner of men we "Old Hunkers" are. For what does the world hear of the host of as good men and true as Ricord, who toil on through a painful life of self-sacrifice at the shrine of humanity, until they sink into the quiet grave, not "unwept," albeit "unhonored and unsung." The noble act of Ricord is rivalled—nay, outdone—every day of the week, by thousands upon thousands of "country practitioners," in this great West, to whom such doings are habitual, but who would blush to see them in print. Who among them but rises promptly from their warm beds, at the summons of the sick, to ride perchance ten miles in the dead of the night—dark and stormy—limbs benumbed—teeth chattering—to the log hut where some poor woman travaileth in the pangs and perils of child-birth, there to pass hour after hour at the bed-side of the sufferer, in that cheerless, miserable cabin, and then their duties performed, return home to seek rest, warmth and food, and find it? no, to start off to some other sufferer, again to buffet the driving sleet, to ford the swollen creek, or cross the dangerous swamp, and for what reward? Well! they get well paid for their trouble,



sneeringly says the worldly wise and worldly minded man. What do you call well paid, good sir? For what sum would you consent to be called up unexpectedly now and then, often just as you have closed your eyes in sleep, after a hard day's work? Would you think five dollars a rich reward? Of a surety, highly as you value the glittering ore, nothing like this would you look upon as "ample remuneration." Why the average pay which a country physician *receives*, taking one night case with another, would in any other trade or profession be thought ridiculously disproportioned to *the mere work and labor done and performed*; and yet how frequently does he receive nothing and less than nothing—not even thanks—but in return for all his most successful and unselfish exertions, is repaid with the grossest ingratitude. He does not *complain* of this, he does not court the martyr's crown, he abhors cant, and could never condescend to *ask* for sympathy and commiseration; he has the approval of his conscience, and hopes for the approval of his Maker, has enjoyed the pleasure of doing good, and has the proud satisfaction of feeling that he has been useful in his generation, and is content to plod on, loved and looked up to by those capable of appreciating the good sense that dwells in his head, or the kind feelings that warm his heart. Such are "country practitioners;" be their motto "excelsior."

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### PART III.

#### Monthly Periscope.

*Experimental Physiology—intelligence without the Brain.* By B. DOWLER, M. D., of New Orleans.—The phrenologist, as well as the biologist, pursues this route, namely, comparative anatomy, throughout the entire realm of the animal kingdom, from the lowest type to the highest, in order to prove that the brain is the exclusive organ of the mind—a theory, which some of the following experiments oppose; for the headless trunk of an alligator, deprived of the supposed organ of combativeness, displays a good will to fight, using both its limbs, directing all its available means intelligentially, and, upon finding, *after a fair trial*, that these fail, it retreats laterally, by rolling over from its enemy, never towards him, as if guided by sight—all of which the sequel will prove.—[*New Orleans Med. and Sur. Journal.*]

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*Carbonate of Soda an antidote to Cholera.*—(Medical Examiner.)

HYDRA-BAD, DECKAN, August 25th, 1849.

SIR,—I do myself the honor to communicate to you for the information of the President of the United States, and the benefit of the people, the important fact which I have just ascertained in the treatment of cholera, viz: that the carbonate of soda is a speedy and effectual antidote to the poison of that disease.

I give it immediately a case of cholera is brought, in doses of a tea-spoonful dissolved in gruel or water, and drank as hot as the patient can drink it.

It allays the pain and burning of stomach, produces sleep, and restores the heat of skin and pulse in a very short time.

If it should be vomited, I immediately repeat it with a little laudatum, and a full dose of oil, so as to cause the antidote to pass down as speedily as possible to the poison in the small intestines.

When any portion of the oil and antidote is passed in the evacuations, convalescence *will be found* to have already commenced, the patient will presently *pass urine*, and *then be out of all danger*.

I continue the antidote morning and evening, (if necessary,) and reducing the dose.

I will not trouble you with details, which will appear hereafter.

By thus addressing the head of such an extensive empire, I make sure that the knowledge of this antidote will be speedily transported through its vast extent, instead of being left to chance to work its way up against the stream.

Besides I am only performing what I consider a duty, at a time when the epidemic appears to be on the increase.

And, with the greatest respect, I remain your most obedient and obliged servant,

N. E. MAXWELL, M. D.  
Surgeon, 3d Light Cavalry.

To the Secretary of State, United States, America.

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*Intermittent Fever.* By Dr. N. WARD, Burlington, Vermont.—While in Ceylon, I treated many cases of fever and ague most satisfactorily, with a mixture of oil of turpentine and castor oil, in the proportion of one to two drachms of the former to one ounce of the latter, and administered in a mildly cathartic dose at the beginning of every cold stage. Where relief was not promptly obtained, there were generally present signs of biliary derangement, indicating the moderate use of calomel or calomel and ipecac., after which a dose or two of the mixture usually completed the cure. This was used in cases of long standing, as well as in recent ones; and in one case of enlarged spleen with good effect.—[*American Journal*.]

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*Nitrate of Silver in Jaundice and Chronic Gastritis.*—Dr. PEEBLES, of Petersburg, Va., recommends in cases of Jaundice the internal use of nitrate of silver, in doses of  $\frac{1}{4}$  of a grain twice a day, on an empty stomach. Improvement is often observed on the second day, and ten days is the longest time required to remove the disease. The *modus operandi* is probably by correcting a state of irritation of the duodenum, on which the disease often depends.

In the same Journal, Dr. Hartshorn reports cases of positive advantage being derived in patients affected with indigestion, accompanied by epigastric tenderness, from the use of nit. argent. in doses of  $\frac{1}{4}$  increased to  $\frac{1}{2}$  a grain, twice a day, with half the quantity of opium.—[*Amer. Jour. of Med. Sciences*, from *Char. Med. Jour. and Review*.]

*Dry Cupping in Hiccup.*—Mr. HUNTER states that he has found this lately a successful means of checking hiccup. A soldier was attacked with vomiting and purging. After the symptoms had subsided, he was teased with the most distressing hiccup, which he said kept him awake half the previous night. There was slight epigastric uneasiness on pressure. Dry cupping over the region of the epigastrium, leaving the glass on half an hour, stopped it almost instantly. It recurred again after taking some beef-tea, but was readily checked by a re-applications of the glass. It also relieved the epigastric uneasiness.—[*Prov. Med. and Sur. Journal.*]

*Creosote in the Treatment of Diarrhœa.*—Dr. Spinks gives, in the London Medical Gazette, the following statements respecting his use of creosote in diarrhœa and cholera:—

“From the 1st of July to the 1st of August, I have had 224 cases of simple diarrhœa, 12 cases of rice water purging, and 18 cases of cholera. The first 93 cases of diarrhœa were treated with the usual chalk mixture and opium, the remainder with creosote; in those treated with the former the diarrhœa continued for some days, and, when checked, was invariably followed by a disagreeable rumbling and flatus in the bowels. In the 131 cases treated with creosote, the diarrhœa *immediately* ceased, and was followed by none of the above symptoms. In the 12 cases of rice-water purging, the effect was instantaneous, the first dose generally putting a stop to the discharge. In the 18 cases of cholera, all of whom had vomiting, rice-water purging, cramps and blue skin, creosote had the same decided effect, at once checking the purging and vomiting, the cramps very soon afterwards subsiding, the pulse becoming full and soft, a free perspiration breaking out over the body and extremities.

Of the 18 cases of cholera treated with creosote, I have only lost *two*, these being far gone in collapse when I was called to them. The formula in which I use the creosote, is—R. Creosote, m.xxiv.; mist. acaciæ, ℥ss.; sp. ammon., c. camphora, aa 3ij.; ether. chlorici, 3iij.; aquæ, ℥viss. M. Ft. misturæ. Capiat. cochl. ij. mag. omni horâ.

In simple diarrhœa I only give two drops every two hours, with the above stimulants, and no astringent whatever.—[*Boston Medical and Surgical Journal.*]

*Nasal Hemorrhage.* By SAMUEL R. SMITH, of Tompkinsville, Staten Island, N. Y.—There are few physicians who have not occasionally been annoyed by the difficulty with which nasal hemorrhage is arrested. An old shipmaster communicated to me a method, which shows that the artery furnishing the supply of blood can be perfectly compressed at the root of the upper incisor teeth. His process was to roll up a piece of paper and place it under the upper lip. The first opportunity I had of trying it, was a case of profuse hemorrhage from a fall, which had persisted four days, notwithstanding repeated plugging of the nostrils, and the patient had become almost



exsanguine. In this case the front teeth of the patient were wanting, and I applied the pressure by tying a knot in a bandage, which I placed on the upper lip so as to make pressure immediately at the root of the septum narium, and tied the bandage around the head above the ears. The hemorrhage was immediate and permanently arrested. On mentioning the subject to several of my medical friends, I found the practice was new to them all, and I therefore communicate it for the benefit of the profession.—[*Boston Medical and Surgical Journal*.

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*Detection of Chloroform in the Blood.*—This is effected by the conversion of chloroform, at a red heat, into chlorine and hydrochloric acid. Place the blood in a sandbath, pass the resulting vapor through a tube heated in the centre to a red heat, and lined at its extremity with a paste of iodide of potassium and starch, its open end also being covered with paper moistened with the same mixture. If chloroform be present the paper will be tinged blue. By this means one part in ten thousand may be detected.—[*Jl. de Chimie Médicale*, from *Ibid*.

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*Sulphate of Phyllerine.*—M. Jachelli, of Ferrara, has lately added this alkaloid to the list of febrifuges; it is obtained from the well known evergreen shrub, *Phyllerea Latifolia*. It was known before the researches of Dr. Jachelli, as a cooling astringent, but it is now found to possess the same active anti-periodic properties as others of its class, the ash, the olive, etc.

An extensive series of experiments have been made since the year 1825, on the action of this alkaloid in agues, by Dr. Jachelli. He has compared its operation with that of—1st, a powder of the young leaves and twigs, in doses of thirty grains during the intermission; 2d, a simple decoction of the plant to 60 of water, down to one-third, and given in large doses also during the intervals; 3d, with a compound decoction formed by adding 30 minims of dilute sulphuric acid to the preceding. The sulphate, in doses of from 12 to 15 grains during the apyrexia, has evinced its superior activity over other preparations of the phyllerea; thus of 20 patients treated with the sulphate, 20 were cured; of 13 to whom the powder was administered, 11 were cured; of 18 to whom the compound decoction was given, 14 were cured; of 16 who took the simple decoction, 7 were cured.—[*Bulletin General de Therapeutic*, from *Western Journ. Med. and Surg*.

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*Prolonged Inanition.*—Dr. Samuel H. London, of West Point, Tennessee, communicates to us the following case of prolonged inanition, in a hog, which, although not quite so remarkable as the instance often quoted of the pig buried under the chalk cliff in England, is extraordinary enough to entitle it to a place among the rare cases in physiology. Dr. L. says:

“A hog weighing about 190 pounds, the property of Mr. James Kelly of this neighborhood, by accident got wedged in between two logs, and in that situation remained confined, without food or drink,

for *ninety-six days*. When released, the weight of the animal was reduced to *thirty pounds*, or more than five sixths. The accident occurred during the past winter. At this time (June 10th) the hog is alive and as thrifty as any on the farm."—[*Western Journal of Medicine and Surgery*.

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*Chloroform externally applied*.—The following examples of the successful application of chloroform over the seat of pain, which have lately come under our observation, appear to us worthy of record.

Mrs. —, a respectable lady, had contracted lues from her child, to whom the disease had been communicated by a black nurse. Her physician for a long time mistook the character of the complaint both in her child and herself; but when its true nature was revealed he soon succeeded in curing the latter, as well as the nurse. We saw the lady a year after she had been under medical treatment, and at that time she had ulcers on the scalp, and was suffering from most acute neuralgic pain of the side of her head, which grew worse as the day declined and rendered her nights sleepless and wretched. We advised the local application of chloroform. Thirty drops were placed on a cloth which was kept in close contact with the head, and this was renewed from time to time until anæsthesia was induced. The effect was prompt and most satisfactory. The night following the first application of the remedy was one of comfort, and the appearance of the patient, next morning, proved that she had enjoyed refreshing sleep. The use of the remedy was continued for a few nights; but before an ounce of chloroform had been consumed she was free from the pain, which, in three months, has not returned.

The character of the next case was entirely different, though the result was quite as satisfactory. A colored woman had a tooth extracted in September. The operation was followed by inflammation of the lower jaw, which extended to the tonsils, and made deglutition impracticable. She was bled, and afterwards a poultice, on which half a drachm of chloroform had been dropped, was applied to her throat. In half an hour, after the removal once or twice of the anæsthetic, she became easy, fell asleep, and when she awoke, a few hours afterwards, found that she could swallow. Remedies were then administered, and the patient has recovered. No doubt the bleeding contributed to the removal of the cause which obstructed deglutition; but we have as little doubt that chloroform also had a large share in the result.—[*Ibid*.

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*Fracture of Neck of Femur and Autopsy*. Reported to Dr. Hamilton, by DARWIN COLVIN, M. D.—T. B. S., aged 38 years, of intemperate habits, much emaciated, and having for the last year or two suffered from hepatic disturbance to such a degree as that his skin has been constantly of a deep yellow color, received an injury, Aug. 21, 1849, while in a state of intoxication. No one was present at the time of the accident, and it is not ascertained how it occurred. I saw him several hours afterwards. The toes were turned out, and

the leg shortened one inch and a half. The thigh was enormously swollen, and the whole pelvic region ecchymosed, with evidences of contusion, especially over the great trochanter. The trochanter could not be felt. Having made extension and rotation, with the assistance of my father, and crepitus being manifest, we determined that it was a fracture of the neck of the femur.

The limb was placed in a comfortable situation, with a view to the reduction of the inflammation.

On the 23d delirium tremens supervened, and on the 2d inst. he died, twelve days after the occurrence of the fracture.

*Autopsy*, eight hours after death :—

The neck of the femur was broken half an inch from the root of the trochanter major: the upper end of the lower fragment was comminuted, and the trochanter itself was completely separated and drawn up under the gluteus maximus. The head of the femur was partially removed from the acetabulum. The spongy structure of the bones was yellow, and nearly of the same color as the skin.—[*Buffalo Medical Journal*.

*Dislocation of the Humerus, with Fracture*.—Mr. SYME has lately met with a case of dislocation of the head of the humerus into the axilla, complicated with fracture about the middle of the humerus. This double accident is exceedingly rare. The patient had fallen through a trap door into a cellar, and his arm had become entangled among the spokes of a ladder during the fall. It was determined that the dislocation should be reduced, before an attempt was made to set the fractured bones. For this purpose, the forearm was bent upon the humerus, and a bandage was then rolled round the whole arm as high as the shoulder. Over this, a couple of Gooch's splints were placed; the lac was then attached above the seat of fracture, and secured by another bandage. Extension was made in the direction of the long axis of the trunk, a large pad being first stuffed into the axilla. Reduction was readily effected, and the subsequent progress of the case had been satisfactory.—[*Proceedings of Edinburgh Med. Chirurg. Society*, in *Monthly Journal*.

*On Sulphuric Ether, in a Hygienic and Therapeutic point of view*.—M. Baudelocque addressed a note to the Academy of Sciences, May 21st, in which he says that sulphuric ether has the property of instantly destroying sulphuretted hydrogen. If a few drops of the ether are poured, beforehand, into the chamber vessel, the odor of the fecal matters will be destroyed. If a chamber has been infected with any such odor, a few drops of the ether sprinkled about the room instantly destroys it.

In medicine, sulphuric ether has been proposed in different diseases; among others, to strangulated hernia, applied locally to the tumor, to produce rapid refrigeration. Would it not be better, asks Mr. B., to give a dose of ether by the mouth, and in injection, to destroy the sulphuretted hydrogen, which distends the hernial tumor; the reduction may thus be instantly effected.—[*Cómples Rendus*, from *Charleston Med. Journ. and Review*.



*Removal of Stains of Nitrate Silver.*—Accident first led M. Martineq to the observation, which he has since repeatedly confirmed, that the stains produced by nitrate of silver on linen, &c., may be readily removed by wetting the linen in a solution of *bichloride of mercury*, (1 part to 31), rubbing it well, and then washing it in cold water.—[*L'Union Medicale*, from *Buffalo Medical Journal*.]

*Bacon a Quack.*—*Ancient method of maintaining Health.*—That very learned and universally celebrated philosopher, Lord Bacon, “had extraordinary notions respecting the virtue of nitre, and conceived it to be of inestimable value in the preservation of health. So great was his faith, that he swallowed three grains of that drug, either alone or with saffron, in warm broth, every morning for thirty years! He seems to have been fond of quacking himself; once a week he took a dose of the ‘water of Mithridate,’ diluted with strawberry water. Once a month, at least, he made a point of swallowing a grain and a half of ‘castor’ in his broth at breakfast for two successive days. And every sixth or seventh day he drank an infusion of rhubarb in white wine and beer immediately before dinner. He made it a point to take air in some high and open place every morning, the third hour after sunrise; and, if possible, he selected a spot where he could enjoy the perfume of musk, roses and sweet violets. Besides thus breathing the pure air of nature, he was fumigated with the smoke of lign-aloes, with dried bays and rosemary, adding once a week a little tobacco. On leaving his bed he was anointed all over with the oil of almonds, mingled with salt and saffron, and this was followed by gentle friction. He was rather a hearty feeder, and when young, preferred game and poultry, but in after life gave the choice to butcher’s meat, which had been well beaten before roasted. At every meal his table was strewn with flowers and sweet herbs. Half an hour before supper he took a cup of wine or ale, hot and spiced, and once during supper wine in which gold had been quenched. The first draught which he drank at dinner or supper was always hot, and on retiring to bed he ate a bit of bread steeped in a mixture of wine, syrup of roses and amber, and washed it down with a cup of ale to compose his spirits and send him to sleep.”—[*Boston M. and S. Jour.*]

*Transactions of the American Medical Association.*—The second volume of the *Transactions* was put to press immediately after the adjournment of the Association, and every effort has been made by the committee of publication for its early appearance. The default of authors, however, in not furnishing their reports, and the delay caused by the transmission of proofs to a distance, have baffled all the efforts of the committee. The reports have at last all been received, and the printing will be proceeded with as rapidly as possible. It is believed that the volume will exceed eight hundred pages, of which about five hundred and fifty have been printed.—[*Philadelphia Med. News*.]

## MEDICAL INTELLIGENCE.

### FAREWELL OF THE PRESENT EDITOR.

The fifth volume of the Southern Medical and Surgical Journal is completed with this number; as has been determined upon, the present editor retires, and another one assumes the management of conducting this periodical. To this conclusion we have been forced by severe domestic affliction, which has now continued unabated for nearly four years. Within this period, besides the terrible disease alluded to in former numbers of the Journal, and for the relief of which, advice has been sought for still in vain, both in this country and Europe, the grave has been opened no less than three times to receive "flesh of our flesh and bone of our bone."

"They, they alone whose hearts like mine have bled,  
Know how the living sorrow for the dead."

We improve this opportunity to solicit indulgence for the many imperfections of our work. We have endeavored, under trials known to but few, to discharge our whole duty faithfully to the patrons of the Journal. In the failure, we still have the consciousness of having tried to act honestly to all. To those whom we may have at any time and in any manner offended, we humbly ask their forgiveness. We believe we love the brotherhood, and entertain no unpleasant feeling to a single member of the profession. There is not one connected with it whose prosperity we do not heartily desire.

We take leave, with regret, of our editorial brethren; our thanks are due them for their valuable exchanges, and their generous notices of our feeble labors; our best wishes attend them in their arduous duties. With the kindest feelings to all who have aided us during the past five years, and with the sincere hope of a brighter career, greater success and usefulness to the *Southern Medical and Surgical Journal*, now that it passes into better hands, we take our leave of it and its patrons.

We are specially grateful to our Printer; for through his industry and punctuality every number of the Journal (amounting now to *sixty*) has been issued in time.

✂ We make known to our friends, the determination to confine our professional duties to Surgery.

### MEDICAL MISCELLANY.

*Collodion to prevent Pitting in Small-pox.*—Mr. Rankin makes this suggestion of Collodion to the face to prevent the pitting in this loathsome affection—a good idea.

*Gargles.*—Sir James Murray says, the best way to use gargles is to draw them through one or both nostrils. This must be very unpleasant.

*Colica Pictorum.*—In chronic cases give Iodide of Potassium.

*Dropsy.*—Give the fresh juice of the root of common Elder, as a drastic purgative.

*Sciatica.*—Try an eschar made on outer part of dorsum of foot by red-hot iron, patient being under chloroform.

*Pyrosis.*—A new salt of Bisulphate of Iron and Alumina in 5 to 10 grs. doses, dissolved in any aromatic water.

*Collodion*—Is now applied to Acne, Burns, Bed-sores, Chilblains, Chapped Nipples.

*Professors Williams and Walshe of London.*—Prof. Williams, C. J. B., well known by his works on Medicine, has resigned the chair of the Principles and

Practice of Medicine in the London University, and Dr. Walshe has succeeded him—a good appointment, to our own personal knowledge.

*Doctors.*—The number in New York, good, bad, and indifferent, is 641. In Cincinnati 179.

*A new mode of composing Children.*—Dr. Castle, dentist, of New York, says, the Irish nurses are in the habit of swinging infants, head downwards, by the feet, to put them to *slape*.

*An aged Nurse.*—The Boston Medical and Surgical Journal states that a grandmother, 61 years of age, at Indianapolis, nursed her grand-child and raised it; the mother having died when it was four months old.

*A Medical Professor elected to Congress.*—Dr. Fitch, late Professor in Rush Medical College, has been elected to Congress from Indiana.

*Acetate of Lead in powder for granular Ophthalmia.*—Dr. Cunin, of Belgium, has used this preparation reduced to a fine powder, and applied to the palpebral conjunctiva.

**OBITUARY.**—Professor John Butterfield, editor of the Ohio Medical and Surgical Journal, at Columbus, making the death of no less than four editors of medical journals in the United States within three months. Dr. B. was a man of most decided talent, and well qualified for an editor.

**METEOROLOGICAL OBSERVATIONS**, for October, 1849, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide, 152 feet.

OCT.	Sun Rise.		2, P. M.		WIND.	REMARKS.
	THER.	BAR.	THER.	BAR.		
1	72	29 45-100	88	29 43-100	S. W.	Cloudy.
2	75	" 48-100	73	" 57-100	S. W.	Rain 85-100.
3	71	" 65-100	76	" 72-100	W.	Rain 35-200—at 3 A.M., cloudy.
4	68	" 75-100	87	" 72-100	N. W.	Fair—foggy morning.
5	63	" 74-100	83	" 72-100	S.	Fair morning. [—clear.
6	70	" 55-100	80	" 45-100	S. W.	Rain 5-100—blow in afternoon
7	50	" 60-100	65	" 62-100	N. W.	Fair—blow.
8	45	" 78-100	70	" 81-100	N. W.	Fair.
9	48	" 86-100	72	" 84-100	S.	Fair.
10	50	" 76-100	73	" 68-100	N. W.	Fair—breeze.
11	45	" 74-100	68	" 70-100	S. W.	Fair.
12	46	" 55-100	63	" 48-100	S. W.	Rainy—breeze.
13	47	" 78-100	68	" 82-100	N.	Fair.
14	43	" 94-100	70	" 96-100	E.	Fair.
15	49	" 95-100	75	" 90-100	S. E.	Fair.
16	62	" 88-100	80	" 81-100	S. E.	Cloudy afternoon—blow.
17	68	" 81-100	72	" 80-100	S. E.	Cloudy—drizzle.
18	63	" 80-100	64	" 85-100	S. W.	Rain one day and two nights,
19	59	" 90-100	63	" 92-100	N. E.	Cloudy. [2 inches 75-100.
20	58	" 95-100	59	" 94-100	N.	Rain, } 2 inches.
21	64	" 51-100	79	" 47-100	S.	Rain, }
22	56	" 61-100	69	" 69-100	W.	Fair.
23	49	" 78-100	77	" 77-100	N. W.	Fair—breeze.
24	55	" 88-100	71	" 97-100	N.	Fair.
25	49	30 12-100	67	30 16-100	N. E.	Fair.
26	47	30 12-100	68	30 10-100	N. E.	Cloudy.
27	55	30 8-100	70	30 5-100	N. E.	Cloudy.
28	59	30	74	29 89-100	S. E.	Cloudy—sprinkle. [85-100.
29	68	29 63-100	70	" 63-100	W.	Fair—blow—rain last night,
30	44	" 88-100	68	" 90-100	W.	Fair—breeze.
31	40	" 92-100	88	" 95-100	N. W.	Fair.

16 Fair days. Quantity of Rain 6 inches 85-100. Wind East of N. and S. 9 days. West of do. do. 16 days.



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